

**Death, dying and ‘difficult’ marketing:
an ethnographic study of marketing at an English hospice**

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Declaration

All work presented represents my own original work except for when referenced to others. This thesis is less than 80,000 words in length, exclusive of references and appendices.

Table of Contents

	Page
Chapter One: Introduction to Thesis	11
1.1 Marketisation, markets and marketing	12
1.2 The empirical context: End of Life care in the hospice sector	16
1.3 Research questions	19
1.4 Outline contribution and contributions of thesis	20
 Chapter Two: Markets and Marketing Practice	 23
2.1 Performativity	24
2.2 Studying markets	34
2.3 Configuring a market	42
2.4 Performativity, practice and markets	49
2.5 Productive marketing practice	53
2.6 Chapter summary	71
 Chapter Three: Dying Well	 73
3.1 End of Life Care	74
3.2 Palliative care	84
3.3 A place of care	89
3.4 A 'Good death'	95
3.5 Chapter summary	105
 Chapter Four: Methodology	 107
4.1 Research aims and questions	108
4.2 Research approach	110
4.3 Organisational ethnography	111
4.4 Research design	117
4.5 Data analysis	135
4.6 Researcher reflexivity	144
4.7 Ethical procedures and limitations of the study	147
4.8 Chapter summary	149

Chapter Five: Toward Organising End of Life Care as a Market	151
5.1 Dying matters	155
5.2 Re-presenting a hospice	158
5.3 A new physical setting	169
5.4 From hospice-like to business-like	175
5.5 Chapter discussion	186
5.6 Chapter summary	191
 Chapter Six: Mapping out a Marketing Territory	 193
6.1 Leading the way	194
6.2 Building a territory	205
6.3 Bringing in the General Practitioners	215
6.4 Marketing with General Practitioners	223
6.5 Chapter discussion	228
6.6 Chapter summary	233
 Chapter Seven: Marketing Knowledge, Control and the 'Difficult' Market Object	 235
7.1 Purposeful marketing	236
7.2 Representing marketing	244
7.3 Performing marketing expertise	250
7.4 Delivering difficult marketing messages	266
7.5 Chapter discussion	278
7.6 Chapter summary	283
 Chapter Eight: Discussion	 284
8.1 Constructing EOLC	286
8.2 Purposeful marketing practice	292
8.3 Theoretical contributions	298
8.4 'Difficult' marketing	306
8.5 Empirical contributions	312
8.6 Methodological contributions	317
8.6 Chapter summary	320

Chapter Nine: Conclusion **321**

9.1 Thesis overview	321
9.2 Key contributions of the thesis	327
9.3 Limitations of the study and avenues for future research	331
9.4 Closing reflections	333

References **335**

Appendices

Appendix A. Overview of St Angela's hospice	364
Appendix B. Overview of End of Life Care policy documents	372
Appendix C. Participant information sheet	375
Appendix D. Participant consent form	377
Appendix E. Participant details and interview dates	379
Appendix F. Interview schedule	380
Appendix G. NVivo coding example	382
Appendix H. Research proposal for St Angela's	383
Appendix I. University of Essex ethical approval for research form	385
Appendix J. Research approval from St Angela's	391
Appendix K. Marketing request form	392

List of Images

Image Number	Image Name	Page Number of Image in Thesis
1	Photograph Open plan offices, St Angela's hospice, Business Park, 23 rd June 2015)	170
2	Photograph Meeting room, St Angela's hospice, Business Park, 23 rd June 2015)	173
3	Photograph, Map in corridor at inpatient unit, St Angela's hospice, 20 th July 2015)	211
4	Photograph, Marketing office, St Angela's hospice, 23 rd June 2015	245
5	Photograph, Marketing office, St Angela's hospice, 23 rd June 2015	246
6	Photograph, White boards on walls of marketing office, St Angela's hospice, 23 rd May 2015	246
7	Photograph, White boards on walls of marketing office, St Angela's hospice, 23 rd May 2015	246
8	Screen shot from CEO PowerPoint presentation, Management Structure, April 2015	368

Abstract

This thesis investigates the sociomaterial practice of marketing at St Angela's hospice in England and sets out how marketing practice plays a fundamental part in the influencing, organising and constructing End of Life Care (EOLC). Specifically, it examines how organisation-level marketing practices are informed by, and in turn inform, broader principles of marketisation. Drawing on the theoretical concept of performativity in relation to markets and marketing, this thesis advances an understanding of how the actions of a newly formed hospice marketing team frame and shape resulting in a particular form of care for the terminally ill.

Key findings point to a constitutive role of marketing practice for processes of marketisation in an area of society where multiple issues and concerns exist. Revealing the consequences arising from the performative struggles to achieve and legitimise marketing practice this study shows the specific role of a marketing team in an organisation. Conceptualising the sociomaterial productive practice of marketing as 'difficult' but 'purposeful' through showing the effects and consequences of this practice, both in a hospice and in EOLC, this thesis makes an important contribution to the understanding of what marketing practice can accomplish.

Undertaken as a three-month ethnography, exposing the challenges of carrying out research in an organisational setting to examine the 'doing' of marketing practice in

which the central focus both of the organisation and the sector is, death and dying, this study addresses the paucity of studies carried out in the difficult context of a hospice. By revealing the consequences of the work of a non-clinical team this study broadens the consideration of who and what influences EOLC. Accordingly, this thesis contributes to both the study of marketing practice and Market Studies through detailing the productive workings of one functional area of a hospice. Giving important insight for hospice stakeholders through the focus within the thesis of who and what shapes EOLC this study is relevant for providers of EOLC and all concerned more widely with the care of the terminally ill because this thesis proposes how a form of care, which for most is inaccessible, as well as way for those at the end of their lives to behave, to 'die well', has come about.

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Chapter One

Introduction to Thesis

Set against the backdrop of emerging marketisation, this thesis explores the shaping of a market object and the impact of micro processes on reorganising the end of life care sector in England. Specifically, it examines the day-to-day sociomaterial marketing practices of a newly formed hospice marketing team. Drawing on the concept of performativity in relation to markets and marketing, an in-depth examination of the actions of the marketing team considers their contribution to the framing and shaping of the EOLC sector. Exploring the challenges for a marketing team of outlining and representing death, dying and EOLC this thesis contributes to an emerging literature by furthering understanding of how marketing practice in difficult contexts is accomplished.

Dying is increasingly a complex, lengthy process which has attracted government intervention and the introduction of the new principle of patient choice in EOLC. Subsequently the sector is expanding as a range of health and social care providers have become involved in providing care to the terminally ill. However, whilst the government seeks to standardise EOLC and encourage individuals to plan for care at the end of their lives, the dying process remains inherently unmanageable. Moreover, EOLC is an area of health and social care in which multiple concerns need to be accommodated and where the central

and universal focus of the sector, the care of those at the end of their lives, differs. Accordingly, this study has implications for understanding the marketisation of sectors in which a less tangible and less clearly outlined market object exists.

Specifically, this in-depth study explores the role of the processes and practices of marketing in marketisation. Focusing on the day-to-day practice of marketing this thesis advances the understanding of the performative role of marketing practice in a difficult context choosing an organisational ethnography to study the 'doing' of marketing practice. Fieldwork was conducted over an intense period in which to facilitate a prolonged focus on the micro practice of a marketing team; a single organisation, St Angela's hospice, an organisation which provides EOLC, was chosen. From May 2015 fieldwork took place over three months, allowing participant observation, interviews and the collection of documents and other empirical material. In addition this examination was augmented with desk research to understand some of the key policies in EOLC.

1.1 Marketisation, markets and marketing

The theoretical premise of the thesis is founded on three key concepts: marketisation, markets and marketing. Whilst they overlap in many ways they are here discussed separately in order to establish the theoretical commitments of the thesis.

1.1.1 The contemporary phenomenon of marketisation

How markets emerge or the processes of marketisation are often described as the 'forces' which have the effect of changing and replacing an existing system of organising in a sector, thus, marketisation can result in the reconfiguration of an area of society (D'Antone et al., 2017; Callon, 2015). Identifying the elements of marketisation Çalışkan and Callon (2010) detailed the process of marketisation as 'the entirety of efforts aimed at describing, analysing and making intelligible the shape, constitution and dynamics of a market socio-technical arrangement' (p. 3). The effects and consequences of the marketisation process are often characterised by deregulation and dismantling, which involves and results in the forming of new associations. Furthermore, what emerges in marketisation has also been reported as creating new ways of communicating, understanding and interpreting what is of worth and how those multiple values can be taken in to account (Geiger et al., 2014).

As a form of organising marketisation is argued to contribute to stabilising and controlling an environment to create order, overcome uncertainty and establish social relations whilst at the same time pursuing economic activities (Aspers, 2011, p. 39). The marketisation of an area of society can often mean the withdrawal of the state (Araujo and Pels, 2015) as well as the breakdown of existing connections and associations. Thus, marketisation may be regarded as a process responsible for introducing market-based solutions to problems in

society or as reforming causing tensions to emerge in areas historically regarded as immune from such market-based interventions.

In areas of society such as education, health and social care concerns about marketisation have arisen because the reconfiguration of these sectors is considered to have changed principles as well as expressions of values or ideals (Geiger et al., 2014; Sturgeon, 2014). Marketisation of an area or sector of society has been conflated with the activities which have been described as ‘counting, control and calculation’ (Araujo, 2007, p. 216); thus tensions associated with marketisation are that the reorganising of a sector in market terms can involve introducing new sets of principles, measurements and practices. Indeed, marketisation can result in transferring (or displacing) one way of goods provision, i.e. via bureaucratic means, to market-based delivery (Johansson Krafve, 2014). Conversely it is the potential for such fundamental transformation, the struggles to arrive upon a universal focus, that makes marketisation and the processes of marketisation an important area for further research and as the basis of this study makes significant the contribution of this thesis.

1.1.2 A performative perspective on markets and marketing

The processes involved in marketisation are argued to be performatively constituted which means that through ‘practices, norms and values’ (Geiger et al., 2014, p. 4), a market is constructed or produced. Thus, marketisation,

markets and marketing practice are linked together through the activities which are undertaken on a day-to-day basis and which stabilise a product or service, in other words the processes which bring forward, render, make meaningful and recognisable what is exchanged in a market context (Zwick and Cayla, 2011). A growing literature conceptualises markets as ‘modalities of organisation’ (Geiger et al., 2014, p. 3). As such, ‘marketing’ itself becomes part of the performativity of markets (Cochoy, 1998). The premise that markets are performatively constituted forms the basis of this thesis which, through its focus on a range of actors and practices which simultaneously describe as well as shape, is an important area which is developed in this study.

Deliberating on what constitutes marketing practice Araujo and Kjellberg (2009, p. 196) note that ‘There is no stable set of practices or theories that we can unequivocally call “marketing” and instead they suggest we see marketing practice as inter-connected and routinised behaviour. In this study marketing activities are beginning to be undertaken at the hospice as a new team try to expand their role. Thus, exploring how marketing ‘is done’ as well as the consequences of marketing this study contributes to advancing understanding of the practice of marketing illuminating the processes, actors and tasks, the ‘inner workings’ (Zwick and Cayla, 2011, p. 4-5) of marketing practice as it is being established. In particular, this study attempts to de-centre marketing as solely a human practice to consider ‘the things’: the concepts, tools and artefacts which are involved and contribute to the accomplishment of marketing practice (Venter et al., 2015). Specifically, in this thesis the role of

marketing in identifying a central value and a market object is illuminated thus addressing the importance of this aspect, and marketing's part in this process of the configuration of a market.

1.2 The empirical context: End of Life Care in the hospice sector

Currently there is an unprecedented demand for EOLC care required by an ageing population in the UK which adds to the care required by those who have received a terminal diagnosis and whose treatment will no longer be curative. Together these individuals comprise the over 525,000 (ONS, 2017) deaths which occurred in 2016 in England and Wales. Traditionally the responsibility to provide EOLC for those at the end of their lives has been shared between state and family with care publicly funded, provided freely by charities or paid for by individuals. However, EOLC is changing as over the past thirty years the profile of those at the end of their lives has altered as people live longer with more complex needs and can experience a protracted dying phase of their lives (Walter, 2017).

In 2008 the Department of Health published the first national 'End of Life Care Strategy' which, whilst welcomed by hospices, hospitals, general practitioners (GPs) and other EOLC providers such as cancer charities working in EOLC, was acknowledged to require an unprecedented commitment from both state and private resource as well as complex coordination to accomplish (Borgstrom,

2015, 2016). This 'transformation' or reforming of an aspect of health and social care has not been unusual in recent years, taking place in part because medical practice has expanded to include an increasing number of interventions and testing activities, research has broadened the range as well as variety of treatments and services have needed reorganising (Seymour and Cassel, 2016). Whilst some of these issues may apply to care of the terminally ill what is of more significance, and what Sturgeon (2014) cited as the catalyst of such transformation of this area of health and social care in England, were the neo-liberal policies of governments in the 1980s and 1990s. Sturgeon described these as opening out provision of health and social care services to private as well as public providers and argued that the consequences of this transformation was the commodification and marketisation of publicly funded healthcare. The current complex healthcare market now comprises of a collection of public and private national and local organisations that, together, organise and manage health and social care across England. In EOLC this means that care of those at the end of their lives is often provided by a 'patchwork of services' such as hospitals, residential care homes, and hospices, with a coordinating role attempted by a GP.

Despite these attempts to provide standardised and uniform EOLC treatment the care which people at the end of their lives receives can vary. In hospitals EOLC is often organised around identifying and categorising the increasingly complex medical conditions of a population who are living longer after diagnosis of terminal illness, whereas care provided by the over 200 hospices in

the UK (Hospice UK, 2017) each year goes beyond just a consideration of the physical needs of the terminally ill. The aim of EOLC provided by hospices is to improve the lives of people who have an incurable illness by providing care from the point at which their illness is diagnosed as terminal to the end of their life (ibid). The holistic EOLC which hospices provide will go further than managing pain to include the emotional, spiritual and social needs of the terminally ill patient and hospices encourage a terminally ill individual to be active in planning and discussing their own EOLC (ibid). Furthermore, supporting families and others facing bereavement is an important element of hospice care; thus, the care which hospices provide also extends to those people who are close to the patient, with hospices offering bereavement support to over 400,000 individuals in the UK each year (ibid).

Hospices and the care which people believe that they can provide is very popular, and in 'A time and a place' (Sue Ryder, 2013)¹, what emerged was that hospices were far better at delivering the outcomes valued by the general population in EOLC than other care providers. However, as the place of death for only 4.5% of the people who die each year in the UK (ONS, 2017), hospices have been suggested as 'too good to be true and too small to be useful' (George and Sykes, 1997, p. 252). The problem for hospices is that whilst the value of and desire for hospice care is recognised, its full role in the dying phase of people's lives is often hidden and poorly understood. Recording where people die is a legal requirement on a death certificate however this recording of death

¹ Report compiled by Demos an organisation which describes itself as a cross party think-tank.

as an event downplays the contribution and involvement of hospices who provide care to 200,000 people, most of which is in community-based settings, including home care and hospice day care (Hospice UK, 2017). Thus, whilst hospices may have a significant role in the dying process enabling a person to be able to die at home, or in reducing acute hospital admission, this contribution is not currently formally recognised or recorded or indeed funded. It is in this challenging context that hospices, with their principles of compassionate, holistic EOLC, are considering how best to address and respond to the wider changes of this health and social care sector.

1.3 Research questions

The aim of the thesis is to explore the advancement of principles of marketisation into EOLC in England, with a focus on the hospice sector and specifically, to examine the day-to-day sociomaterial marketing practices in contributing to the framing and shaping of the EOLC sector. To address this aim the research adopts a broad philosophical perspective of interpretivism and draws on the theoretical framework of performativity in relation to markets and marketing. This approach allows for an exploration of who and what are involved in performing marketing work and the outcomes.

This study addresses the following questions:

1. How can marketing practice be understood and conceptualised in a context of emergent marketisation?

Specifically:

2. How does marketing practice contribute to the shaping of the market object?
3. How is the introduction of the marketing function into a hospice setting negotiated?

1.4 Outline and contribution of the thesis

Following this introductory chapter the thesis sets out the conceptual and theoretical frameworks in Chapter Two, discussing Market Studies, marketisation and marketing practice from a performative perspective and proposing that marketing is a sociomaterial practice which can simultaneously describe, as well as produce, markets. This chapter ends by synthesising key points from the literature and reiterates the research questions that underpin this thesis.

Chapter Three examines the changes which are underway in the care given to the terminally ill and gives details of a changing and challenging context for End of Life Care. Whilst considering the broader context of societal attitudes to death and dying, including what is meant by a 'good death', this chapter

focuses on the changes in the sector. Setting the scene for the empirical part of this thesis the complexity of the sector is outlined by considering government policy and ideas of patient choice and preference for the care which they receive at the end of their lives.

Chapter Four sets out the research approach and design, detailing the three-month ethnographic study which took place in 2015 at St Angela's hospice in England. The thesis has an epistemological commitment to include both the humans and things involved in marketing practice and the challenges of combining, analysing and interpreting this large collection of empirical material are discussed in this section.

Chapters Five, Six and Seven set out the empirical examination which begins with an examination at macro or sectorial level in EOLC, then progresses to considering the micro practices of marketing, maintaining the sociomaterial perspective by considering who and what is influencing the hospice and how EOLC is being organised locally. In Chapter Six the focus is on the mapping of a territory and work with GPs as the marketing team form new associations. In Chapter Seven the internal work of the marketing team is scrutinised as they operationalise a tight control on activities. This chapter shows the team's attempts to achieve a legitimate position both for the practice of marketing in the hospice and for the marketing team with consequences on the representation of the end of life care provided by St Angela's.

Chapter Eight returns to the research questions to reiterate what this thesis set out to address after which the discussions which ended each of the three empirical chapters are developed into two themes firstly, the constructing of EOLC and secondly purposeful marketing practice. In the next section, reflecting the foregrounding given in Chapter Two, the contributions of this thesis are set out. For Market Studies these are the outlining of a market object, in particular where multiple concerns are considered amongst the processes of marketisation. In marketing practice the contribution is the recognition of the role of the sociomaterial practice of marketing, the tools and concepts in the team's struggles to achieve effective marketing practice. Importantly the last section of the chapter identifies the empirical and methodological contributions which this thesis can make.

Chapter Nine brings the thesis to a close. This summary chapter begins by reviewing the contribution of each individual chapter allowing a slightly more detailed account of the key contributions of the thesis in the review of Chapter Eight to be re stated. Finally, the last section of Chapter Nine outlines the limitations of the study, proposes further avenues for research and closes with researcher reflections.

Chapter Two

Markets and Marketing Practice

Introduction

This chapter introduces the theoretical context of the research through discussing Market Studies and marketing practice from a performative perspective. This thesis is based on an understanding of performativity which proposes that marketing practices can simultaneously describe, as well as produce, markets (Cochoy, 1998). As such this chapter undertakes a critical review of the growing body of academic literature which posits performativity as a key characteristic of markets and marketing practice (Araujo et al., 2010). Briefly, the key tenet of this literature is that the sociomaterial practices of organisational actors, such as those in a marketing team, can shape and organise a market (Kjellberg and Helgesson, 2006, 2007).

To frame the literature on markets and marketing performativity the chapter begins by discussing the concept of performativity through Austin's (1962) seminal work, then in relation to the work of Lyotard (1984) who emphasised a performative perspective on the production of knowledge. In this thesis, the idea of productive knowledge construction directs discussions which consider the effects and consequences of marketing practices for markets and

marketisation. This chapter then explores the role for marketing practice in the study of markets and, in the final section, the outcomes of the micro practices of marketing, which include the notion of legitimisation as a process and outcome of the performative practice of marketing, are discussed. The chapter summary synthesises key points from the literature and reiterates the research questions that underpin this thesis.

2.1 Performativity

Austin (1962) asserted the reality-making capacity of language, encouraging a more nuanced consideration of language beyond description and proposing the performative effect of speech, including its constitutive and organising capacities. This section begins to outline the conditions as well as the mechanisms of performativity.

2.1.1 The performative power of language

In ‘How to do things with words’, Austin (1962) suggested that, as well as providing description and explanation, some words and expressions also do things; what he called ‘performatives’. Classically, Austin proposed that in speaking “‘I name this ship Queen Elizabeth” – as uttered when smashing the bottle against the stem’ (p. 5) the declaration brought about an altered state; the ship became named. Austin stated that this performance of naming had

come about not just through the pronouncement of the speaker but also through the capacities of words to alter and create a difference, in other words to produce particular realities. Austin's work expands an understanding of what language can do by suggesting that words are not limited to referring to or reporting on a current state. Based on Austin's work, performativity theory proposes that words are productive, charged and have consequences.

Beginning by considering that what is said might be 'doing something' Austin went on to refine his linguistic examination of performatives by expanding his consideration of the processes involved in how utterances bring phenomena into being and in so doing bring about results.

Hence, Austin's examination of performatives progressed to consider 'the appropriate circumstances' (1962, p. 13), conditions or other elements which he believed, alongside the words and their speaker, contributed to the realisation or constitution of a reality. Drawing from the examination of when things go wrong, or 'infelicities' (p. 14) come about, Austin conceded that sometimes there may be no change, effect or consequence following an utterance, describing such occasions as 'misfires' (p. 16), and in this development acknowledging more than a linguistic basis to performatives. Conversely, it was through his consideration of the failure of performativity that Austin began to move beyond a purely semantic examination of performativity and the conceptualisation of performativity as solely a speech act.

Re-examining Austin's work from the perspective of an organisational scholar, Czarniawska (2016) described this as when performative speech acts lack a

‘mandate’ (p. 315) suggesting that to bring a meeting to a close requires far more than just telling an assembled group that a meeting has finished. Here attention is being directed to the context or conditions in which the utterance was made, and performativity emerges as a complex process in which an account of the dispersal of performative agency amongst a range of elements and things, and the authority and legitimacy of a human speaking subject, may need to be re-examined. This is an important assertion as it signals the de-centring of human agency in favour of attentiveness to how other sociomaterial elements might enter into constructions of reality.

Austin (1962) had suggested in his understanding of ‘conditions’ that many other things alongside speech had to ‘be right and to go right’ (p. 14) for performative utterances to bring into being a particular reality and enact the promise inherent within the language. For example, in the ship naming ceremony given earlier as an example of a performative utterance, the successful naming in practice is brought about through the combined actions of speaking and the smashing of a bottle alongside, perhaps, the presence of a crowd. The act is also placed within a framework of seafaring traditions and institutions, all of which have a bearing on the ‘success’ of the performative act. Whilst Austin may have described only the speech act of this historic naval tradition, the occasion of ship naming is recognised and enshrined in a practice comprised of several activities. Consideration of ‘what else’ may be involved, thus recognising the contribution made by the involvement of elements beyond solely the person who named the vessel, paves the way for a more

material understanding of performativity. Furthermore, any such act must be seen as situated within institutionalised norms which enable particular versions of reality to materialise, for example, what becomes acknowledged as acceptable ways of being.

2.1.2 The role of materiality

Barad (2003) was an important proponent of the need to address the power granted to language and human acts alone, and in her post-humanist account of performativity she argued for a fuller account of ‘matter’ within the study of performativity (p. 801). When considering what people in organisational settings are doing, Barad argued for establishing the contribution of things, distinguishing between humans and non-humans but seeing in the study of performativity a necessary appreciation of all elements together, an intra-activity where both are intertwined. Barad was suggesting a sociomaterial approach to performativity by considering what emerged from the interactions between people and things.

Organisational activities and tasks undertaken involve things, and the material world becomes entangled with humans carrying out their day-to-day work; thus, Barad’s work is helpful in broadening an understanding of the dispersed agency in performativity, specifically in focusing attention on the performative contributions from ‘things’ in an organisational context. Organisational action takes place within material and symbolic arrangements, which render some

actions legible, rational and defensible and others irrelevant, unacceptable or illogical. When we examine every day micro-level organisational interaction we need to be mindful of the surrounding conditions which make these interactions possible and meaningful – including the role of artefacts.

Examples of everyday organisational artefacts which play a performative role are manuscripts and other documents which ‘contain’ human action and which travel and carry meaning, and thus contribute to the making of, for example, legal systems or realities (Cooren, 2004). Cooren demonstrated how a textual artefact, such as a legal document, was helpful in addressing the temporal and fleeting nature of language. Such enduring characteristics of reports, documents and other material elements mean that they can gather meanings and maintain a consistency, becoming a constant presence in a context where changes are taking place. Thus, artefacts such as policies, procedures and guidelines have an important role, and are described by Carlile (2015) as ‘nested’ (p. 24) materiality. This means that reports and regulatory material preserve some order through the combined contribution of what they each contain, and which together build to hold a strategy in place. Believing that such artefacts continued to exist and had an enduring impact on future organisational strategy and practice, Carlile saw artefacts contributed durability, solidifying and giving permanency through the material record which they provided.

The intransigency of material elements gives an essential and distinct role for artefacts. Expanding a performative role for things in institutional work by examining how awards are constituted by a diverse selection of material elements, Monteiro and Nicolini (2014) highlighted a range of things which together constituted, but also extended, an award. Examining a website announcing prize-winners, an award ceremony, pocket books, publicity documents and CDs, they concluded a role for all these elements in the process of proposing the award, giving a prize and providing lasting recognition for winners (p. 8). In their study of the processes involved in the awarding of this prize, a booklet outlining entries and winners was significant because it had a specific role in representing the award to a range of organisations in a sector, reaffirming the prize as well as ensuring enduring recognition for the award and the award winners after the initial announcement and the annual award ceremony had finished. Monteiro and Nicolini showed that materiality has the capacity to enact and add to what had previously existed; however, the specific contribution of their study of the performative capacity of materiality was to demonstrate its additional abilities of lasting acknowledgement and affirmation of the winning organisation; competencies of materiality which are beyond the capabilities of humans.

In addition to the performative capacity of materiality to make, hold and fix, it has ability to represent, a particularly useful characteristic in the event of intangibility. Undertaking research into new product development in the perfume industry, Endrissat and Noppeney (2013) established a prominent role

for material elements in bringing about the realisation of a new fragrance. This study was notable because the object under consideration was characterised by its intangible and ephemeral nature. Documenting the transformation of the scent into a 'product' through a process which involved such things as glass or plastic bottles, Endrissat and Noppeney noted that, as well as physically containing the fragrant liquid, elements such as the visual depictions or images used on packaging and promotional material were important in providing a lasting representation of the fragrance. For example, after recognition of the fragrance was achieved by the bottle, subsequently, image representations of the scent were employed. Importantly, the bottle and images depicted and preceded any sampling or examination of the fragrance by a potential customer; therefore they played an important role in the stages leading to a purchase of this fragrance.

Whilst non-human things, or the material aspects of performativity were broadly grouped together into 'conditions' by Austin (1962), the preceding examination of materiality has given more detail of various significant but silent performative capabilities of material elements and artefacts. This holistic consideration of all the contributing mechanisms at work in performativity begins to consider the combined interaction of all that is entangled within activities and tasks and could constitute performative practice. Importantly, as will be discussed next, such performative practices can also be viewed in relation to knowledge production.

2.1.3 Knowledge production

Performativity theory counters a suggestion of a pre-determined reality by theorising a system which brings into being and produces what becomes a reality, conceptualising active, ongoing and repetitive processes. Austin's (1962) work on performativity can be situated within the philosophical tradition of pragmatism (Mason et al., 2015; Overdevest, 2011). A pragmatist ontology considers knowledge, fact or truth as 'produced' or created from recursive involvement, interaction and problem solving; similarly, performativity suggests a participatory and constructive role for people and things in bringing into being a universal experience, a collective understanding of what in philosophy is referred to as a 'reality'.

In the field of social sciences, Austin's (1962) work on the effectuation or consequences of performative utterances was linked to the production of knowledge by Lyotard (1984) in 'The Postmodern Condition: A report on Knowledge', his philosophical examination of the status and function of knowledge in post-industrial western society. Examining the processes and conditions of knowledge production, Lyotard drew on Austin's work as the method of construction of knowledge identifying a framework of language as well as conditions, which, if in place, could affirm what circulates and what becomes established as knowledge. Thus, Lyotard viewed knowledge as manufactured instead of founded on the rational, objective collection of facts. Applying Lyotard's rationale to what is accepted as the understanding of a field

or discipline, or the enquiry and research areas of a subject such as marketing or economics, cautions that such subject 'knowledge' is constructed in a subjective, repetitive process of what can be successfully established as useable, saleable and efficient; in other words, what will be productive.

Understanding expertise or discipline-specific knowledge in this way implies that the body of knowledge in this field has been formed from a recursive and instrumental approach resulting in the privileging of only the most 'effective' parts of this manufactured knowledge. However, if knowledge is contrived in this way, and forthwith forms the foundation of subject knowledge, this problematises the consequences which result from such knowledge. Proposing a role for performativity theory in the constitution of knowledge by asking how 'knowledge' becomes materialised and circulated, Lyotard's work (1984) raises interesting questions about accomplishment and the establishment of authority or the further consequences of 'effective', performative knowledge. Reviewing Lyotard's work, Muniesa (2014) described a performative turn in organisational studies in which performativity and Lyotard's understanding of knowledge has been used to examine what becomes established or is brought into being. Muniesa suggested that Lyotard saw performativity as helping to explain 'an industrial logic of optimisation' (p. 9) which explained the importance and value placed on what can become arranged, effective and established in organisations, as well as in economies and markets. Spicer et al. (2009) supported this suggestion of optimisation saying that 'Performative knowledge is legitimate not because it is true, but because it has a technical

value associated with producing results' (p. 541). In other words, performative knowledge is potentially recursive as, once in circulation, its accomplishment and resulting effects confirm, secure and perpetuate what have become the most usable and valuable aspects of this discipline-specific knowledge.

What a performative perspective on knowledge pays attention to is, firstly, that which comes to count as knowledge and, through a process of continual construction based on a form of logic, specifically, what is perceived as 'efficient', for example what might generate a recognisable result within an organisational setting. This conceptualisation of knowledge creates a reality, or version of the world, constructed from this performative 'knowledge'.

Importantly, if performative knowledge has become the basis of understanding held within a discipline or area of expertise in an organisational practice, subsequently, objectivity, neutrality or a factual foundation may become replaced by what has been outlined as of 'value' and 'effective'. Such secondary consequences of performative knowledge are examined towards the end of this chapter.

As the discussion in this first section has shown, a performative perspective enables consideration of processes at work when particular realities are brought into being. Recently, performativity has become a significant research approach within the study of the forming and shaping of markets, specifically, in marketisation where markets are emerging in a sector of society. The next section considers an emergent area of scholarship, Market Studies, before

outlining the specific contributions which a performative perspective has brought to this growing area of research.

2.2 Studying markets

Using the work of the Market Studies group of academics, the roles and abilities of things, as well as people, within marketing practice are shown as active in the forming and shaping of a market. This section starts to explore how the activities undertaken in the site or context of a market have effects, in particular in bringing about the marketisation of a new area of society which can in turn attempt to include and configure societal concerns and controversies.

Market Studies is the scholarly attention given to a study of the macro or societal level systems or 'efforts' which configure markets, and it takes an interdisciplinary influence from a wide set of theories, including science, economics, psychology and sociology, to identify what or who can structure and shape a market (Araujo, 2007; Geiger et al., 2014). In Market Studies a market is conceptualised as a system of organising that exists, evolves and is maintained by the 'collective achievements' (Roscoe, 2015 p. 198) of things as well as people through a focus on practices, processes and the actors who undertake activities which can bring a market into being (ibid). Within the Market Studies community, scholars have examined the agency or action of

different elements and their roles in the organising of a market (Callon, 2007, 2015; Mele et al., 2015). Some Market Studies scholars employ a sociomaterial perspective of performativity, studying a range of market actors, including those providing and using a service or product, as well as other actors such as regulatory bodies (Neyland and Simakova, 2012). Emphasising a sociomaterial approach Market Studies proposes attention is given not to what is readily observable or recognised as ‘a fully-formed market’ but the process and practices behind the enactment and evolution of what may become a market (Callon, 1998).

The association and inclusion of the academic study of marketing within Market Studies, and the ‘reconnection of marketing to markets’ (Araujo et al., 2010), is widely considered to have emerged from the combined insights of a group of scholars who were concerned with both the separation of marketing from markets, what they saw as an increasing focus of the academic study of marketing on consumers, and the parting of marketing theory from marketing practice or the activities carried out by marketing practitioners (ibid). These areas were discussed in some detail by Araujo and Kjellberg (2009) and provided a backdrop to the interest in rejoining marketing to markets, in part to redress the lack of connection to ‘the market’ in the field of marketing, which Araujo and Kjellberg believed had been largely obscured and neglected in both marketing theory and marketing practice. Here Araujo and Kjellberg argued that popular classifications, such as the most recent definition by the CIM (The Chartered Institute of Marketing), who advertise themselves as the

largest international professional body of marketers and describe marketing as 'The management process responsible for identifying, anticipating and satisfying customer requirements profitably' (CIM, 2017), routinely exclude a consideration of a wider context in which marketing activities are carried out. Thus, drawing on the early discussion of performativity what Market Studies facilitates is deeper appreciation of the conditions in which marketing is carried out, and, furthermore, that marketing is a sociomaterial practice.

Market Studies offered a move away from marketing thinking, described as 'techniques to regulate exchange' (Araujo and Kjellberg, 2009 p.196-197), to 'market-ing' (p. 197), which encapsulated an understanding of the practice of marketing (ibid). As such, Araujo and Kjellberg (2009) adopted a practice-based approach to advance the study of marketing, also described as the performativity programme, which aimed to combine marketing, economic sociology and social studies of science literature together in 'Market Studies'. Key within this strand of literature was a common understanding of markets as the institution and marketing as one of the processes with an important contribution which needed to be examined. The importance of markets and understanding the processes and practices which influence the emergence, maintenance and evolution was highlighted in a special issue of 'Consumption Markets & Culture' which Geiger, Kjellberg and Spencer (2012) introduced by explaining that Market Studies was 'based on an understanding of markets not as given but as ongoing socio-technical enactments worthy of social scientific attention' (p. 134). The key concepts of Market Studies were outlined as firstly,

that markets have multiple versions which are influenced and shaped by market practices; secondly that market actors organise processes and shape markets which in turn shape market practices; and finally that markets are continually changing and adapting. This explanation offers a clear direction for Market Studies centred around the importance of practices, the market shaping process, and the ability of markets to change to meet needs.

Importantly what has emerged from the work of the Market Studies community is the suggestion that the market cannot be considered a neutral concept, and markets are brought into being and continually evolve because of the activities of many different actors.

In summary, what can be offered from the Market Studies approach is a contribution to the academic study of marketing through the attention to the complex entanglement which enacts a market. Market Studies provides context and generates insights into the varying knowledge, interests and at times values of the actors who together can bring a market into being (Araujo, 2007). In particular this process may be seen as a market emerges or in the process of marketisation of a sector or an area of society.

2.2.1 Marketisation

Examining how markets emerge, the process of marketisation, Callon (2015) described this as thinking about the architecture of markets and the means of outlining the distinct elements of a market. Similarly, Çalışkan and Callon (2010) described the process of marketisation as ‘the entirety of efforts aimed at describing, analysing and making intelligible the shape, constitution and dynamics of a market socio-technical arrangement’ (p. 3). What emerges in marketisation, and has particular relevance in this study, is an opportunity to appreciate the mechanisms at work, recognising materiality as well as the human role, both of which may be less identifiable in processes where markets are already to some degree considered as ‘established’. Showing the spread of marketisation in contemporary western society into further aspects of life such as health and welfare, which have previously been considered resistant to marketisation, provides a context for a detailed examination of the roles and activities of different market actors.

Thus, marketisation showcases the activities of different market actors revealing their activities in influencing or directing how a market forms which may be different to what is undertaken by the same actors once a market is established and being maintained. Whilst making the ‘struggles’ and negotiations involved in the marketisation of a sector clear, Callon (2015) saw the disentangling, but also the process responsible for identifying, different market elements emerging. In marketisation an opportunity exists to observe

the actors as well as their practices as they qualify what is of worth or of value in, a market. Supporting Callon's suggestion through their study of the everyday work involved in marketisation Mason, et al. (2017b) highlighted the importance of understanding that in marketisation productive work takes place continually to 'constitute, innovate and reconfigure market systems' (p. 2). Described as 'when markets and market logic have diffused into spheres of life' (Aspers, 2011, p. 580) marketisation is where, via adoption and adaptation of market-based logic, through market processes areas become subjected to new or different market-based values. Importantly, marketisation reveals an assumption or underpinning rationale that in contemporary society a market infrastructure is widely viewed as the most efficient mechanism of organising (Araujo and Pels, 2015). For example, discussing the recent reforms to the National Health Service (NHS) in England, Sturgeon (2014) suggested that, because of both the neo-liberal policies and current approach to the public funding of healthcare, the NHS had become involved in what he regarded as the business-like activities of competing for resources alongside other healthcare providers whilst striving to provide a service 'valued' by service users. Consequently, Sturgeon detailed the marketisation of this sector seeing service users in healthcare compared to consumers in other markets.

Within the study of markets, and most recently in the controversy of marketisation in particular, 'concern' has been used to provide some understanding as to how and why markets have spread into areas that were once considered as immune from markets.

2.2.2 Concerned markets

The suggestion in marketisation of who and what can influence the forming and shaping of a market has become of particular interest to scholars who have sought a way to understand the ‘intricate connections between social, scientific, political and economic issues’ (Geiger et al., 2014 p. 3). A key body of work in this area has formed around the conceptualisation of ‘Concerned Markets’ (Geiger et al., 2014) where the idea of ‘concern’ in market forming and shaping has been described as the examination of reorganising, changing relations, processes of justification and the evoking of different ideas of worth in the study of markets (p. 5-8). Importantly, these ideas of ‘concern’ have enabled the study of markets to move into considering the organising of areas of society which deal with core collective concerns and social problems, as opposed to the processes associated with exchange of goods and services for profit. For example, D’Antone et al. (2017) discussed a role for concern to play in what can ‘animate’ (p. 67) or move a sector. ‘Concern’ is an explanation for what mobilises in markets, in particular in situations with tensions, controversies and conflicting practices (p. 86-69). Here ‘concern’ is the catalyst but also the route for the integration of diverse interests stimulating the processes of marketisation. Specifically, developing the ‘marketisation of concerns’ (p. 77), D’Antone et al. advance the understanding of how different principles and values are integrated and accommodated in market spaces, an illustration which is particular useful in this study where several contradictory values surfaced.

‘Concern’ in Market Studies has introduced multiple values and expanded the economic basis of valuation, in particular of the market object or the central focus of what was of worth or value in a market, thus facilitating the theorising of non-economic ideals. Whilst work by Callon and Muniesa (2005) and Çalışkan and Callon (2009, 2010) had focused on the processes in Market Studies of economisation or the acts and practices of quantification and valuation which explain economic forms of life, concern introduced the possibility to broaden the study of markets giving opportunities to consider and express diverging economic, social, environmental and political interests. Returning to the work of D’Antone et al. (2017), this study showed how environmental and social principles entwined with economic values in the cell phone market. Consequently what emerges from the ideas of concerned markets is how areas of life which had not previously been considered either as organised in markets or through the modalities of economisation become included in market structures. It is through concern that an explanation of how previous expressions of social or humanitarian concern, in areas such as education, health or the environment, have become restated to incorporate financial or economic principles.

The ideas of concerned markets can be said to have moved the study of markets beyond an exchange based solely on what has been outlined as a monetary value of a product or service and into areas of society where a market object or central focus of a market is less clearly defined and more difficult to understand. This has relevance not only for understanding the configuration of

markets in areas of society which were once considered beyond the reach of markets but also in a growing body of academic work which considers Bottom of the Pyramid (BoP) markets in which the consumers are living on less than US\$2 a day (Mason et al., 2017a). In a recent special issue of 'Marketing Theory', the work of Geiger et al. (2014) on concerned markets was used to further the understanding in BoP markets in areas at the centre of the lives of the very poor and in particular to consider how marketisation was affecting very vulnerable populations (Mason et al., 2017a). In this thesis where economic principles form only one of many conflicting principles around the care of the terminally ill 'concern' will be shown to be important as this sector is emerging,

Having established the importance of the study of markets within this thesis the next section details actions which are undertaken and the market systems which they enact as this chapter moves forward towards considering the micro practices involved in shaping and forming markets.

2.3 Configuring a market

In the study of markets, Callon (1998) used the concept of 'framing'; the operation of defining distinct elements, for example the subjects and objects within a market, to clarify and explain the distributed actions involved in bringing a market into being. Callon employed framing as the process which produced the 'spaces of calculability' (p. 20) or of how new markets

materialised, as well as how changes in existing markets came about. In a further examination of framing Çalışkan and Callon (2010) categorised the multiplicity and diversity of the actors competing in marketisation into five focal or types of framing, and in a recent examination of marketisation, Callon (2015) returned to re-examine the process of framing, considering this mechanism as contributing to the process of outlining a value or worth for what was exchanged, in other words the market object. Undoubtedly, framing plays an important role in sorting and classifying of different market participants, outlining who and what will take place in the exchange or who the buyers and sellers are in the traditional sense, all of which are components in the functioning of markets.

2.3.1 The role of ‘things’

Geiger et al. (2014) drew on framing in their examination of the organising of the many further areas of contemporary society which had previously been outside economic activities. Importantly in marketisation as the standardising and organising takes place, Geiger et al. explained that this may disrupt existing agreements and arrangements in a sector. To consider framing in detail and in practice Johansson Krafve (2014) provided a useful example of the role of framing in systemising and organising an area of society which may have traditionally fallen outside the realms of markets. Examining primary healthcare in Sweden, Johansson Krafve’s investigation brought a material dimension to framing by focusing on a ‘rulebook’ (p. 46), a 50-page artefact

which contained regulations, guidelines and prices. Johansson Krafve outlined the rulebook's active role in invoking this primary healthcare market as healthcare professionals used its contents as a basis for establishing and negotiating relations amongst those involved in healthcare in one part of Sweden. Conceptualising the rulebook as a market device with a role in enacting and producing the market illuminates a role for things and artefacts which extends beyond the organisation and, at a sector level, plays a part in the process of framing.

A fundamental role for things and artefacts in the outlining of how a market functions or works was proposed by Çalışkan and Callon (2010) and developed further in work by Johansson Krafve (2014) who studied this new, emerging market in healthcare by considering the organising and framing of what was of value or interest to this group of market actors. Johansson Krafve developed an understanding of the mechanisms at work in framing through exposing the sequences at work within a device described as a rule book, identifying a role for this object in a chain which went on to alter and actively reframe what became of value, interest and importance in this area of healthcare. In addition, drawing on the earlier account in this chapter of contributions of material artefacts, the rule book was shown to perform a constant and stabilising representation. For example, in this changing area of public policy, the rulebook became an essential part of this market in many ways through its capacity to depict healthcare services framing the market object and outlining

the different choices to all the different market actors, at times reaching beyond the capacity of humans, in this emerging healthcare market.

2.3.2 Outlining a market focus

Acknowledging the importance of framing (Callon, 2015) within the emergent scholarly tradition of Market Studies, it is important to highlight the tensions which exist within the concept of framing arising from the dual, but very different, actions which this process carries out in markets. Firstly, despite being described as an ongoing process, framing aims to, albeit temporarily, stabilise and clearly outline a market object for exchange. In this sense framing is singularising and positioning an object, a product or service (Callon and Muniesa, 2005 p. 1235). Giving more detail to these activities Callon and Muniesa described the actions of stabilisation and quantification which they saw as necessary for consumers, buyers or users of a product or service to make comparisons and, in turn, exercise choice in a market context. Secondly, introducing the actions of professionals or practitioners as carrying out the actions of positioning, Callon and Muniesa discussed a role for practice in bringing about change, altering or reframing through activities which continually involved ordering, organising and clarifying. Combining the first and second activities, market actors seek to provide a clear and consistent representation to consumers of a product or service. Framing is thus a complex

and difficult process which is seen in the study of markets to incur continual movement whilst concurrently setting out to achieve stabilisation.

Critiquing Callon's (1998) work on the framing and outlining of a market, Miller (2002) suggested that Callon held an idealised view of market systems based around a substantive and rational view of the organising which took place in markets. Taking an anthropological and sociological perspective on markets, and preferring a more complex consideration of all that was entangled in a market, Miller believed that by insisting on framing, Callon had somewhat isolated and detached market actors and activities from significant attachments outside a market. Framing appears to separate market actors from associations which exist outside a market, an action described by Finch and Geiger (2011) as the traces a market object retains to other associations. Therefore, taking such traces into account, Miller's critique has implications for market practices or what he describes as the 'flesh and life and relationships' (p. 232), a more humanistic and less mechanical approach to understanding the activities, influences and attachments of market actors. Thus, Miller saw several limitations in Callon's (1998) view of framing with regards to human relationships which he believed were somewhat ignored with their importance in the shaping and forming of a market or the process of marketisation downgraded.

2.3.3 The role of human action

A more sociological approach to market configuration has also been taken by Granovetter (1985) whose seminal work on social structures is often brought into discussions on the structure and functioning of markets (Araujo, 2007). Paying attention to social relations Granovetter considered the nature of connections from personal relations, arguing that an understanding of how a market could be configured developed from the productive nature of social connections, relations and structures between people. Giving an alternative to an overly analytical and calculative framework reliant on 'value', Fligstein (1996, 2001) also considered other organising mechanisms at work in markets and, taking a sociological view of action in markets, suggested that organising in markets draws from social structure and social connectedness, conceptualising markets as interpersonal networks (Fligstein, 1996; Fligstein and Dauter, 2007).

Examining specifically the nature of human action being undertaken, Fligstein (2001) proposed the role of a 'skilled social actor' (p. 107) within a market, seeing this individual or organisation as capable of structuring, organising or achieving collective agreement and introducing elements of authority and control which are helpful in the consideration of how an emerging sector is organised as well as illuminating the roles of market actors in ongoing functioning of a market. Indeed, in an examination of what or who 'influences' the configuration of business-to-business markets a study by Storbacka and

Nenonen (2011) considered 'performativity and clout' (p. 249), identifying and focusing on market actors who, in their study, demonstrated some authority.

Here what is emerging is that in the forming of markets steps may be taken by such actors to ensure that their principles and definitions override other alternatives and thus influences the way in which a market emerges.

Undoubtedly, Fligstein (1996, 2001) was suggesting authority and control as human actions; however, drawing from earlier discussions of Johansson Krafve's (2014) rule book and the role of this device to 'influence' markets, influence has been established from a range of sources including artefacts and, certainly, in the study of how a market is configured it is important to note that 'influence' can be exerted or enacted by silent artefacts as well as speaking humans.

This section has begun to consider the processes, such as framing, which configure a market and are essential to a market functioning, as well as the unique role in markets of some market devices. In particular the suggestion of a market object and the difficulties in delineating this central focus have been discussed. The next section expands on the role of performativity in Market Studies, explaining the origins of a performative perspective on markets and proposes marketing as a practice which is relevant in the development of markets and the processes of marketisation.

2.4 Performativity, practice and markets

The performative perspective of markets seeks to understand the order and disorder in markets as outcomes of productive ongoing processes and practices (Overdevest, 2011). This exploration of markets developed from the discipline of science and technology studies (STS), a field focusing on the production via construction and assembly of science knowledge (Latour, 2005; Law, 2008; Nilsson and Helgesson, 2015). STS suggested that scientific knowledge should not necessarily be regarded as stable facts or a universal truth but proposed that knowledge can be produced and continually brought into being through practice, thus taking a performative perspective on knowledge production akin to that which Lyotard discussed earlier. Law (2008) identified the importance of the performative perspective that conceptualised a productive role for people as well as things within STS and that the creation of scientific knowledge came about through ongoing enactments and performances: the ‘doing’ of people and things.

Studying the opportunities for employing STS in management and organisational studies, Czarniawska (2009) proposed that, as a method, it encouraged re-engagement with the invisible artefacts which she felt had been lost from the enquiry into what was involved in organisational processes. Drawing on ideas of construction and assembly in STS, Czarniawska challenged ideas about organising encouraging the ‘studies of work, occupations and professions’ (p. 159) or the understanding of practices of those involved

becoming a focus in organisational research rather than the resulting organisation. The current performativity programme contributes to management and organisation studies most notably in its offer of frameworks to consider the relationship between local, context specific micro practices and their role in macro level movements or changes. In the study of markets STS has inspired the conceptualisation that markets are considered as ‘in the making’, in other words that the micro level daily sociomaterial practices of market actors can make markets so producing effects at a macro level.

2.4.1 The role of practice

Reconnecting the productive sociomaterial practices of market actors to markets, opening the possibilities to consider the different roles and contributions for a variety of practices in the study of markets, or the performative practice-based examination of how markets are configured, first emerged in Callon’s ‘The Laws of the Markets’ (1998). In this collection of essays, which set out a case for examination of processes and practices in the formation of markets within Western economies, Callon primarily suggested a performative role for economists, arguing that their practice of economics had an active role in transforming and shaping markets. Whilst Callon described the ‘activities’ of economics as understanding and analysing, significantly, MacKenzie (2006) theorised the productive nature of economics in his study of financial markets, proposing that the models and approaches of economics served as an ‘engine’ (p. 12), an active force with the capacity for transforming

its environment. Importantly, MacKenzie's work recognised that the micro practices of economics were part of meso infrastructure contributing to the organisation of an economy at a macro level, thus the work of Callon and MacKenzie show that markets enact rather than just describe.

In the study of markets the use of performativity theory was welcomed by Overdevest (2011) who considered that prior to the work of academics such as Callon (1998) and MacKenzie (2006) the constant changing and unstable nature of markets had been under theorised. Drawing on the idea that markets are formed, not found, Overdevest saw similarities between a performative practice-based view of markets and the philosophical tradition of pragmatism. Drawing on pragmatic theory, Overdevest described the recursive practices and processes involved in configuring markets and outlined where the social and humanitarian as well as economic concerns needed to be considered, for example in the marketisation of new areas of society previously discussed in this chapter. Together with Callon and MacKenzie, Overdevest is a proponent of the practice-based approach to studying markets including observing the concrete actions of those involved in market-related activities. Contributing to an understanding of the workings within performative practices, Overdevest identified the similarities between pragmatism and performative market practices based on the problem, the solution or the 'putting ideas into practice' approach encountered when the practices of different market actors are observed in a market setting. Linking to earlier discussions in this chapter about performativity and knowledge production, the context of a market

allows practice to be what works and what does not work, generating learning, knowledge and expertise resulting from repeated practice.

It is important to explain that a case for marketing to be recognised as a performative practice in Market Studies, was first set out by Cochoy (1998) in Callon's collection of essays. Cochoy argued for marketing to be considered alongside economics and management as a performative discipline capable of contributing to the study of markets. As well as arguing that marketing was an important contributor to the shaping and forming of markets, Cochoy made a further and significant observation proposing that, with markets as the context, an important contribution could be made to marketing theory. Drawing together productive performativity and the emerging nature of markets, Cochoy saw markets as an ideal setting in which to conduct an examination of the 'doing' or the practices of marketing. More recently Araujo et al. (2010) have argued for, as well as supported, the reconnection of the academic marketing discipline to marketing practice in the practical context of markets. Echoing the observations of Cochoy, Araujo et al. suggest that in a market context the performativity of marketing concepts, tools, ideas and techniques could be examined in detail (p. 7). What they point towards, then, is the important role that marketing practice plays for the formation and maintenance of markets. Advancing the discussion to consider the specific role of marketing in markets the final section of the chapter draws together the previous examination of both performativity and Market Studies considering what comprises marketing activities drawing on the tenets of performativity

2.5 Productive marketing practice

Marketing is described as the day-to-day work undertaken to build the 'infrastructure' (Araujo et al., 2010, p. 6) needed to organise markets. Thinking about this in detail Cochoy and Dubuisson-Quellier (2013) described the 'people (recruitment experts, consumer activists, distributors, etc.), the occupations (marketing, design, packaging, etc.) and devices (press, consumer guides, standards, etc.) whose task is 'to work on the market', i.e. to construct it, move it, organise it, manage and control it' (p. 4). Accordingly, if these people and things can have such consequences, and their practice can shape and form markets, then it is important to understand how this practice is performed and how it builds and maintains markets.

Building on the work of Callon (1998), specific details of performative marketing practice was provided by Kjellberg and Helgesson (2006, 2007) who developed a practice-based view of markets through a micro-level focus on how the activities undertaken by market actors are accomplished. They broadened an understanding of how markets emerge and are shaped by addressing and expanding an understanding of 'market' practices and relating these activities to 'marketing' practice (2007, p. 142). They developed a theoretical framework which sought to redress what they saw as a focus amongst academic research into marketing practice which mainly considered the activities undertaken in marketing as based around a linear model, devoid of context, that concentrated on the buying and selling of products and services. Consequently, the

conceptualisation Kjellberg and Helgesson proposed, and its focus on a wide range of market practices which might contribute to configuring a market, has significance in the case of marketisation. Based on their strong belief in the importance of studying the practical workings of markets, the theoretical framework proposed is very useful in the study of emerging markets being undertaken in this thesis through its focus, firstly, on the mechanisms of markets, specifically ‘what’ is being constructed, formed, included and exchanged in a market, and, secondly, in a consideration of ‘how’ this is done (2007, p. 141).

To understand how and why the actions associated with a specific activity ‘shaped’ markets Kjellberg and Helgesson (2006, 2007) employed the concept of translation. Helpful in acknowledging and tracing the contributions made by all the very different elements within market practice at a micro level, translation explains how these converge to influence what may emerge locally in an organisation but can also ‘transform’ at a macro or sector level (Czarniawska, 2009). Translation describes the connection and combination of a sociomaterial market practice giving depth to the meaning when a ‘contribution’ is suggested or recognised from practices such as marketing activities. Drawing on the work of Serres, translation has also been described as a transformation; the results of association of different elements or forms (Brown, 2002). Examining the work undertaken by Serres, Brown (2002) suggested the influence from Serres could be seen in the writing of both Latour (2005) and Callon (1998), notably in their use of relationality and convergence

to inform their thinking on a continual, complex and entangled construction of reality. Brown (2002) also proposed that translation could be understood as a form or spread of communication (p. 7), preserving the ethereal nature which characterises translation but helping to provide an alternative account of what is happening as well as what may be necessary 'interaction' between the components involved in translation. What the concept of translation points to is the dynamic nature of performative processes: that the coming together of different elements produces something which goes beyond simply adding together its constitutive parts.

Kjellberg and Helgesson (2006, 2007) employed translation to consider in detail how the stages or procedures in segmentation ultimately produced segments, suggesting 'chains of translations' (2006, p. 846) to describe what forms then emerge from this marketing tool. Specifically, they identified the replacement by 'segments' of customers and the emergence of customer groups for targeting, a routine part of marketing practice. Proposing a second chain of translation, Kjellberg and Helgesson acknowledged the interrelatedness of all market practices, seeing translation as occurring in marketing practice at both these levels, or a network of translations that link normalising, exchange, and representational practices. Translation was used to explain the ongoing result or consequence; how a market 'becomes' and remains constantly changing or 'in the making' (2007, p. 151).

Observing outcomes, effects or consequences of market practices, Kjellberg and Helgesson (2006, 2007) identified and categorised the day-to-day accomplishments, which included the models and tools of marketing, seeing that the contribution of the activities was either as part of exchange, normalising or representational market practice. Moreover, they proposed it was the activities in these three interlinked categories which best described the processes which were being enacted or accomplished in a market setting (2006, p. 843). Whilst regarding each of the three categories of market practices as performative and productive with effects and consequences, it is in the exploration of detail in the processes at work within each, as well as between the three categories of market practice, that further the contribution of this framework to understanding the contribution of very different market practices in Market Studies.

Furthering the work of Kjellberg and Helgesson (2006, 2007), Diaz Ruiz (2013) has argued for a more significant contribution to be acknowledged from the marketing activity described as marketing research, categorised under the heading of a representational market practice. Focusing on this one aspect of marketing practice, Diaz Ruiz saw this specific practice of market research as instrumental in its capacity to sort, privilege and deconstruct (p. 250) in a market context. Diaz Ruiz detailed what he saw as the 'constructive dimension' (p. 256) of market research discussing the 'insights' or the valuable and useful understandings generated from this marketing practice. In his most recent work with Holmlund (2017), this has been developed further into what they

described as actionable marketing knowledge and here they developed the consequences of this form of performative marketing practice in a study of the recommendations which are made to clients (ibid). Suggestions that representational market practices put forward a comprehensible view of a market have specific relevance in emerging markets or sectors in which marketisation processes may have begun. At a time when a central focus or market object may have yet to emerge or be contested by market actors a specific role, and influence, emerges for representational practices.

Through the work of Diaz Ruiz (2013) and Diaz Ruiz and Holmlund (2017) and the specific study of one market practice, questions can be asked as to whether all market practices are equal in the part they contribute to shaping and forming a market and furthermore, if some practices become 'better' or more instrumental than others when describing the generation of insights as characterising many of the activities which constitute marketing research (Diaz Ruiz, 2013; Diaz Ruiz and Holmlund, 2017). Furthermore, this study of a specific marketing practice is an example of what has been described in earlier sections of this chapter as the building of effective performative discipline-specific knowledge (Lyotard, 1984) shown here as the circulation and dominance or representational marketing activities.

2.5.1 Marketing concepts and tools

Diaz Ruiz (2013) began to explore the significance of marketing tools and concepts, concluding that they were instrumental because the case of the market researchers identified that the insights and provision of something of 'value' to the organisation had further consequences. What emerges is a role for those who use such marketing tools in justifying, for example, the fees charged for their services to clients. Furthermore, through using these marketing tools an opportunity to build a platform or reputation of marketing 'expertise' emerges. Looking specifically at what comprised marketing activities, Cochoy (1998) saw marketing to be a material practice based around employing a series of recognised tools and concepts. Cochoy charted the application of marketing theory taught in business schools over the past century acknowledging that the marketing discussed, both in education and in the workplace, contained reference to several marketing tools. Studying at a micro level the activities of marketing practitioners, and referring to their use of templates or frameworks, Cochoy proposed a role for these frameworks in the building of a recognised body of marketing knowledge. Considering an amalgamation of the curriculum which was taught within marketing education at business schools with what was applied in the day-to-day work of practitioners, Cochoy believed it was this combination which together secured a body of marketing understanding which had become recognised within the marketing discipline as marketing practice.

This conceptualisation of marketing knowledge highlights a significant role for several concepts and tools, the frameworks to which Cochoy referred, and he proposed markets as a context for their examination, seeing markets as an ideal setting to focus on the different elements of what constitutes performative marketing practice and in so doing contributes to the study of the marketing discipline. One notable concept or marketing framework is market segmentation, the foremost marketing tool for identifying and grouping customers into recognisable segments which, together with targeting and positioning a product or service, is part of a process referred to as STP (segmenting, targeting and positioning) (Venter et al., 2015, p. 64). STP is regarded as a well-established tool in marketing practice and is included in the marketing curriculum taught at business schools (ibid). In marketing practice Venter et al. observed STP as a process consisting of workshops, interviews, data analysis and report generation in an empirical investigation into the application of segmentation in a large national services organisation. In their study STP was a material and relational process consisting of the combined action of people within the sales division of the organisation, as well as artefacts such as documents and texts.

In recent work in marketisation, Mason et al. (2017b) identified STP as a key activity which, through its mapping practices, identified as well as produced segments but also provided a process through which to consider key partners, activities and relationships, and revenue streams in areas or sectors which were emerging as markets (p. 12). Highlighting the performative aspect of marketing

practice, these studies showed how the processes of STP culminated in the production of segments or groups of customers, thus confirming this marketing practice as performative, reflecting the findings of MacKenzie (2006) in his examination of productive economic practice, as well as developing Cochoy's (1998) assertions about the marketing discipline being recognised as productive practice.

This discussion is showing marketing practice to be made up of activities undertaken to make a market object visible, as well as activities undertaken which stabilise a product or service, in other words the processes which bring forward, render, and make meaningful and recognisable what is exchanged in a market context (Zwick and Cayla, 2011). A fundamental role for marketing practice in a market is that of outlining or framing the market object. In their work on the market object, Finch and Geiger (2010, 2011) suggested that a market object needed to be qualified, specifying several physical attributes which can distinguish the object of exchange in a market. In research investigating the work of advertising planners in a study into the launching of a new product referred to as 'Silver Ant' (Jacobi et al., 2015) the advertising agency employed a recognised marketing tool to outline and position the market object, to enable the envisaging and defining of a product which had yet to be produced or to materialise. Here an example of a recognised marketing activity was used to actively frame, outline and qualify the 'idea' of a new product into a tangible market object (cf. Callon, 1998). The client and producer of Silver Ant wanted the advertising agency to clarify a product

proposition and market for their soft drink before manufacturing began and ‘a 2 x 2 matrix’ (Jacobi et al., 2015 p. 53) was used to ‘position’ Silver Ant into one of the four quadrants which represented the existing drinks market. Here this marketing tool demonstrates, along with STP, how marketing practice can be generative, able to accomplish and materialise concepts such as segmentation and positioning, and that through bringing segments into being a market position can be established.

Whilst this section has shown a role for tools, frameworks and concepts in stabilising and framing an object what remains somewhat problematic is how marketing practice can achieve this materialisation when the market object may have little material presence. Therefore, what is lacking is an understanding of how this specific issue is addressed in marketing practice and this is an area which becomes a theme in the empirical chapters and a focus of the discussions and concluding chapter of this thesis.

2.5.2 Expert practice

The final section of this chapter considers what constitutes expertise, what it is which is ‘required’ for an individual to be recognised or to present themselves as a marketing expert and the role of performative practice in building marketing expertise. Here effective marketing practice is considered to be marketing activity which can produce the most ‘successful’ results (Cochoy and Dubuisson-Quellier, 2013). Making implicit links to both Austin’s (1962)

performativity of language and Lyotard's (1984) production of knowledge this discussion broadens out and, as well as the perspectives of marketing practice offered by Market Studies, a more normative undertaking drawn from the academic study of marketing management and marketing practice is included.

Theorising a practical approach to what constitutes marketing knowledge, Hackley (1999) sought to expand an understanding of what is involved in becoming or presenting as an expert in marketing practice. Importantly, his work examined the possibility that, through the marshalling of performative marketing practices, individuals could present an impression of marketing capability and attempt to direct or influence organisational strategy through their marketing activities. In so doing Hackley (1999) conceptualised tacit knowledge as an important aspect of accomplishment including both theory and practice as contributors to this form of knowledge. Using the example of the 'expert systems' (p. 725) of computers, he compared the processes of knowledge acquisition in marketing practice to that of building a computer system through the processing of multiple sources of information to produce successful outcomes. Similarly, in marketing practice this could be considered as acquiring an understanding of the marketing tools and concepts or undertaking to study the marketing discipline (Cochoy, 1998) discussed earlier in this chapter, which, accordingly, results in an explicit form of marketing knowledge.

Whilst this marketing knowledge may indeed be functionally comprehensive and effective, Hackley (1999) suggested such a systematic approach was somewhat lacking, proposing that tacit knowledge was needed to draw inferences in the complex process of making sense or use of the insights and data from marketing frameworks, tools and concepts (p. 730). Examining the epistemology of marketing expertise by questioning whether explicit but accomplished marketing practice is enough to be an expert in marketing, Hackley proposed tacit knowledge as a subtler and less obvious form of knowledge. The contribution which was made in this work, and which has relevance in this thesis, is that marketing expertise is constituted of not only explicit knowledge but intuitive understanding: an aspect of marketing knowledge which may not be captured, formally recorded or acquired via a marketing education. Notably in this thesis where 'difficult' marketing practice is examined both tacit knowledge and expertise may have significance in the examination of marketing practice.

Knowledge which may be acquired in less formal circumstances, that is unarticulated, may remain understated and may at times develop without official recognition, is considered as tacit knowledge (Hackley, 1999). Returning to the earlier case study of Silver Ant (Jacobi et al., 2015), this study highlighted the practice in an advertising agency to use indiscriminately the same tool in a variety of contexts or different projects on a day-to-day basis. As an example of the universal application of models and processes, or explicit systematic knowledge, this case showed the employment, as a matter of course,

of marketing tools and concepts which were relied upon to perform and deliver the project. Interestingly, in this empirical case, context specific expertise in the sector into which Silver Ant was to be launched seemed lacking therefore raising questions as to how the project was delivered. Thus, what seems to emerge in the case of this advertising agency is that effective delivery was a result of both the explicit marketing knowledge shown in the accomplished use of marketing tools and the tacit knowledge, or the 'know-how', held by individuals at the agency from frequently envisaging and defining a product which had yet to materialise.

Undoubtedly, what can be deduced from examining the use of tools and concepts by practitioners is a reified status for marketing models, tools and concepts in the marketing discipline, so a prominence of explicit knowledge. Indeed, the popularity of this form of knowledge spans both practice and theory and such frameworks occupy a prominent place in marketing practice. This was examined by Ardley and Quinn (2014) in a study which scrutinised what was contained within student textbooks, manuals for marketing practitioners and some academic journals, together with practitioner accounts of what was being used in practice in workplace settings. Ardley and Quinn found these frameworks to be the foundations of a body of discipline-specific marketing material, recognising that a select and trusted body of marketing material formed the basis of curriculum design and marketing teaching in business schools. Referring to such marketing texts as 'articles of faith' (p. 100), they reflected not only on a reliance on this marketing material but also the

recursive nature of these models and tools between marketing education and practice. In the case of Silver Ant (Jacobi et al., 2015), the beliefs raised by Ardley and Quinn (2014) were evident as account planners and agency executives seemed convinced that the marketing tools applied to position the product would achieve the necessary outcome and effects to satisfy their client, the producer of Silver Ant. However, questions remain as to whether, without any form of 'tacit' knowledge, just tools alone could have produced the necessary results?

Here drawing on both Hackley's (1999) unpacking of what constitutes expertise and how productive performative knowledge circulates and becomes accepted and established in organisations broadens the thinking about what constitutes marketing expertise. This has relevance for thinking about the mobilising of marketing within organisations: how marketing is organised and assigned. For example, what form of marketing expertise is found in marketing teams, and does designating individuals and resources as part of a 'marketing' function presume marketing expertise consists of only the accomplished use of marketing tools and concepts? Significantly, can marketing expertise be located solely amongst those who have been designated as practitioners, carry a marketing title or have been 'educated' in the use of these marketing frameworks?

The suggestion of performative marketing practice having a role beyond organising of markets and being purposefully employed, for example to provide

authority and substance, and to legitimise, is considered as the final section of this chapter.

2.5.3 Legitimising performative marketing practice

A study which contributed to considering if proficiency in marketing activities could be carried out by individuals other than recognised marketers has been considered in research carried out by Dibb et al. (2014). In their empirical study of the 'doing' of marketing or undertaking of tasks and activities identified by participants as belonging to 'marketing' they found that these activities were frequently undertaken by people in roles outside the marketing team (p. 395). Investigating the scope of micro level marketing activities and the range of who might contribute to marketing in an organisation, Dibb et al. acknowledged some dispersal of these activities, besides confusion within the organisation as to who should carry out marketing practice. Uncertainty about who could, or indeed should, carry out marketing practice within an organisation was, similarly, found in research by Hagberg and Kjellberg (2010) who identified several 'nonprofessional' (p. 1029) organisational actors 'doing' marketing and accomplishing tasks and activities regarded as the responsibility of marketing in their study of two Swedish retailers. Hagberg and Kjellberg (2010) concluded that it had been beneficial for an organisation not to exclude non-professional marketers from making their contribution to the organisation and that allowing their involvement in what was considered as marketing activities had

been shown to make an effective contribution to the overall success of this Swedish furniture manufacturer (p. 1029).

Interrogating what constitutes expertise, suggesting a less homogenous and more dispersed conceptualisation of marketing knowledge, recognising 'capabilities' which might be classified as tacit and considering how these may be formed queries not only the practice of marketing but the status of marketing practitioners. If marketing knowledge can be tacit, unstated and implicit or explicit, covert and formally recognised, then it follows that marketing knowledge is not confined to and possessed only by those 'designated' as marketers within an organisation. Accordingly, this challenges the need for an organisation to resource specific marketing teams within an organisation, threatening the role, authority, and furthermore, the sustainability of marketing as a practice as well as a discipline. Here what emerges is that valuable and effective contributions, what Lyotard (1984) saw as value of the production of the 'right' kind of knowledge, can be recognised from the involvement and the activities of people who do not appear to possess what Hackley (1999) would regard as explicit marketing knowledge. This is significant because should effective marketing expertise emerge from those embedded in teams within organisations but outside marketing, because they either have tacit marketing knowledge or have acquired explicit expertise, this questions what form of marketing practice may be more useful, valuable and effective for organisations. Here two possibilities and directions can be proposed: firstly, marketing within marketing teams, and the version or form of

knowledge which has been normalised through the repeated activities of the marketing team and may be based on marketing tools, frameworks and concepts, or secondly, a more tacit form undertaken by other organisational actors.

The importance of examining what forms marketing knowledge foregrounds the discussion of why marketing activities may be undertaken and the suggestion made earlier that marketing practice may be undertaken for other purposes. Examining the legitimisation or the processes undertaken to justify the continual resourcing and existence of marketing practice and a role for a marketing team within an organisation, Marion (2006) suggested that, in some instances, the role of marketing practitioner has become to defend the marketing realm which they have established and the expertise they hold. Here marketing expertise is threatened by any effective practice of non-marketers and, in turn, might encourage those who carry out the designated role of marketing, the marketing experts, to direct activities to defend and protect existing projects, whilst, at the same time trying to grow and expand areas of influence or a marketing 'territory'.

Referring to the use of tools such as segmentation Marion (2006) discussed STP and other marketing practices which he saw as deployed by marketers to create and secure an acknowledgement for effective and recognisable marketing practices. Venter et al. (2015) described these as the actions of actors marshalling the performative practice of marketing to marginalise other

potential alternative discourses suggesting that legitimacy building is a process which needs to be continually refreshed by those who have a vested interest in maintaining their authority (p. 77). Considering the suggestions of both Venter et al. and Marion within an organisational context the proposal is that indiscriminate activities and the application of marketing tools and concepts may be undertaken by those in marketing purely in the pursuit of increasing the area of influence for marketing in an organisation. Here the alternative purposes of marketing practice are emerging, that of protecting individual roles and teams rather than the pursuit of strategic organisational objectives.

Emerging from the study of marketing expertise is the possibility of a twofold effect or consequence of performative marketing knowledge, firstly in the day-to-day work of marketing and secondly in confirming their professional status. Referring to 'the magic of performativity' Cochoy (2015, p. 134) explained such further consequences of performativity as what he called the 'double promise', giving the example of a poster campaign in France that was the work of an advertising agency to secure a reputation for the effectiveness of its work rather than the response to a creative brief from one of their clients. Cochoy suggested that this campaign was staged to reinforce the capabilities and authority of the advertising medium of posters, not to raise awareness of the product which featured on the posters. Returning to the earlier suggestions in market practices of both translation and transformation, in this study of a provocative advertising campaign, micro level practices are shown to have influence at a macro or sector level, ultimately bringing about a claim by the

advertising agency that this advertising medium remained relevant and effective. Here recognised marketing tools and concepts have been employed to secure effective practice but also to bolster the reputation of the practice itself.

To summarise this final section an 'expert' can be described in many ways: through the intentional and indiscriminate application of performative marketing tools and concepts, the employment of tacit knowledge in marketing or as an individual with an explicit understanding of sector specific issues. These expressions of knowledge and examinations of the formation of marketing understanding share in questioning the theorising of marketing practice as constituted as a rational and objective process. Examining expertise in marketing opens the possibilities for a range of individuals involved in marketing activities, not all of whom will be recognised as marketers, therefore questioning the idea of a marketing expert and who or what constitutes organisational expertise in this area. Here the background has been provided to consider who and what is undertaking marketing and why, an area which is developed as the thesis progresses.

2.6 Chapter summary

This chapter has set out the key issues that are particularly relevant for the themes which will be raised as this thesis continues. Firstly, this chapter has outlined some philosophical foundations of a performative perspective, including examining the role of language in not simply representing but actively producing reality, and the implications of a performative perspective on knowledge production. This provided insight into the epistemological tenets that the emerging field of Market Studies draws on: the sociomaterial productive, constructive and directive contributions of performativity to the shaping and forming of a sector in the process of marketisation. To explain these processes and the relationship between micro level activities and effects at a macro or market level a performative practice-based view proposed that marketing as well as economic theories, models and practices can construct and organise markets. Importantly markets and marketisation were shown to provide an ideal context in which to conduct an examination of the 'doing', including the concepts, tools, ideas and techniques, of marketing.

Considering marketing practices as deeply rooted in specific and local market contexts, marketing practice was shown to be comprised of different actors and heterogeneous bodies of expertise. Developing a deeper understanding that the effects and consequences of marketing practice activities can legitimise actions and be employed to protect the territory and resources of a marketing team. Importantly, for the researcher observing the actions which those in marketing

are undertaking, understanding the productive characteristics of marketing practice directs a broader reflection on who in an organisation is undertaking marketing activities, and moreover, why.

In outlining the theoretical argument for exploring marketisation processes through setting out a case to consider marketing as a productive practice and proposing a market context this chapter has provided the background to this study which sets out to examine extensively the performative effects of marketing activities. The following emergent research questions have therefore been formulated to address:

1. How can marketing practice be understood and conceptualised in a context of emergent marketisation?

Specifically:

2. How does marketing practice contribute to the shaping of the market object?
3. How is the introduction of the marketing function into a hospice setting negotiated?

Having outlined the rationale and research questions of the thesis the next chapter introduces the empirical context of the thesis: End of Life Care.

Chapter Three

Dying Well

Introduction

In examining the changes currently taking place in EOLC in England it is important to understand the broader sociological context, as well as current societal attitudes to death, dying and the care of those individuals who are terminally ill and therefore at the end of their lives. This chapter sets the scene for the empirical examination of this thesis by outlining the current EOLC environment, considering the wider circumstances in health and social care and setting out some of the institutional history of hospices. Drawing on Death Studies, the academic body of work which studies the social aspects of death and dying, the aim of this chapter is to consider some of the difficult conditions in which the marketing team at St Angela's carried out their day-to-day work. By explaining EOLC also who and what influences the provision of EOLC in England what emerges in this chapter are some of the important documents (Appendix B), issues and debates which have influenced and continue to affect how this sector of society is systemised and controlled.

The first of the three sections in this chapter will consider EOLC, the concept of palliative care and the arguments for the form of EOLC which the terminally ill should receive. This leads into a consideration of the role for the hospice

and the emergence of the modern hospice movement in organising death and dying. The final section of the chapter considers the terminally ill individual and how they die, in particular the active role which they may be required to play in planning their care choices, being a 'good patient' and 'dying well' (Mol, 2008; Neuberger, 2004; Pihlstrom, 2015).

3.1 End of Life Care

Until around 70 years ago the most common place for death was at home, and dying was a family affair where the priest, for example, would often be the only 'professional' amongst those at the bedside of an individual (Clark et al., 1997; Corner and Dunlop, 1997; Manning, 1984). The priest has gradually become displaced by the doctor as death and dying has become something which is assumed can be both foreseen and managed (Borgstrom, 2016). The presence of a doctor and the absence of a priest have contributed to death and dying becoming less religious, more secular and to falling under a medical gaze (Walter, 1994). As death and dying have become more 'medicalised', the most common place of death is currently hospitals, a situation which is expected to continue, ensuring that the dying process is and will continue to be managed first by GPs and then hospital doctors (Pollock, et al., 2015). Consequently, as death and dying is viewed more as a process which can be controlled, managed, measured and systemised, EOLC and care of those at the end of their lives has been drawn into the publicly funded health and social care system.

EOLC is mainly organised and delivered by the NHS and wider welfare state regimes, such as local healthcare (Borgstrom, 2015). Based around the founding principle of health and social care services as being free at the point of need, EOLC is now considered by many to be part of the promise of ‘cradle to grave’ provision on which the English welfare state was founded in the 1940s (ibid). Accordingly, the responsibility and care of the dying, EOLC, is widely viewed as having been transferred from the family accompanied by the church to the state (Borgstrom, 2016; Walter, 1994, p. 13). Reflecting on what he described as these ‘fashionable policies’, Walter (2017, p. 41) acknowledged that the introduction of government policies represented an intent to improve the overall quality of EOLC nationally; however he identified several problems with the governments ideals of patient choice they enshrined, a subject which is returned to later in this chapter.

3.1.1 The first national End of Life Care Strategy

Despite this gradual shift to EOLC as the responsibility of the state, not the family, the first national ‘End of Life Care Strategy’ (EOLCS) aiming to promote high quality EOLC through a National End of Life Care Programme (NEoLCP) was not published until 2008 (Department of Health, 2008). Envisaged as launching a ten-year strategy, the report outlined a system approach to commissioning and delivering EOLC and was considered as the first ever EOLC strategy, both nationally and internationally (Borgstrom, 2016). The systematic approach, which this strategy introduced, aimed to provide a framework based

on principles and guidelines and it carried a commitment from central government of £286 million investment in EOLC over two years (Henry, 2011, p. 111). This first national EOLCS (2008) laid out the promise of the 2005 – 2010 government which was that EOLC needs would be met through rapid specialist advice and assessment as well as high quality care which treated individuals with dignity and respect (Department of Health, 2008, p. 17-19). Importantly it also made the following assumptions about death and dying: 1) that as people die they have needs; 2) that dying, and therefore these needs, can be anticipated and planned for; and 3) if these needs are not met, people cannot experience a ‘good death’ (Borgstrom, 2016, p.3). Significantly, what was inscribed into this policy was the suggestion that at the end of their lives people want to be engaged in a process of planning and making choices (ibid). Over the past ten years tensions have emerged around whether death and the dying process, something so messy and ‘difficult’, can be written into the policy and the reality of how people die (Walter, 2017). This important theme, which this chapter develops, arises in the empirical examination and is discussed in the conclusions at the end of this thesis.

On the front cover of the 2008 EOLCS report, a quote from Dame Cicely Saunders, the charismatic pioneer of palliative care and the leader of the modern hospice movement, declared “How people die remains in the memory of those who live on“, an example of just one of Saunders’ many arguments for better EOLC in England (Clark, 2016). The inclusion of her words in this first government strategy for EOLC provided authority to the EOLC framework as

well as the agenda of the 2005-2010 government which signalled intent to improve EOLC. Significantly for hospices, the report drew on the attitudes and approaches to EOLC developed within the modern hospice movement to inform this strategy. Importantly, the report helped establish a legitimate place for hospices as EOLC providers, and alongside much larger EOLC providers such as NHS hospitals, through acknowledging hospices' EOLC expertise. The 2008 report included hospices alongside state funded EOLC providers by acknowledging the high quality and standard of hospice care highlighting the importance of hospices in any future discussions about EOLC in England. Under the subheading 'The future role of hospices' (Department of Health, 2008, p. 97), the report stated that hospices should continue in their 'pivotal' (ibid) role within EOLC. Moreover, it suggested that hospices would have opportunities to enhance and expand their services by taking on new roles through working closely with commissioning bodies as well as other EOLC providers such as hospitals and residential care homes (p. 99).

Whilst a range of EOLC providers, from residential care homes to hospitals, featured throughout the report, hospices, and the specialist care which they provide, were most prominent. Seymour and Cassel (2016) argued that the report showed that, in England, the state was taking responsibility and was thus now charged with the provision of universal EOLC, and they saw this document as a declaration of the type of EOLC the 2005-2010 government wished to see commissioned and delivered. This policy directed other providers to examine the care which hospices provided, and the EOLCS placed palliative

care and hospices as the benchmark for future EOLC provision. The 2008 report can be considered to have encapsulated Saunders' aspirations for palliative care to achieve influence in the care of those at the end of their lives within mainstream health and social care, however, with some important consequences for hospices which are examined through a consideration of the principles and guidelines which were embedded in this key policy document.

3.1.2 Introducing commissioning, monitoring and measurement

In bringing together organisations involved in EOLC, whilst at the same time taking steps to facilitate wider discussion on EOLC, the government was beginning to impose some structure onto this area of health and social care, specifically in the suggestions for the 'categorising' of EOLC also announced in the 2008 report. Introducing a 'Measurement Framework for End of Life Care' (Department of Health, 2008, p. 137) with the objectives of monitoring, recording and measuring EOLC, a tool was developed by the government which would demonstrate the progress of their strategy by gathering EOLC data to measure process, outcome and quality of care by different providers. In addition, a national quality standard was proposed to inspect, rate and report on health and social care provided in England which was to be administered by the Care Quality Commission (CQC) (p. 133-147), also the body for planning, commissioning and awarding public funds in healthcare. What this framework of measurement meant for EOLC providers, including hospices, was that all EOLC providers, hospitals, residential care homes and other private EOLC

providers who comprised the network of health and social care provision in England, now fell within this inspection regime.

Introducing such processes, recognised and established within central government to account for many different areas of public spending, brought EOLC in line with areas such as education where regular inspections occur, as well as routine publication of data collected on the provision of a service, and a ruling of, 'good' or 'poor' is given as a judgement of the worth and effectiveness of a service provider. Importantly this attempt to bring EOLC in line with other publicly funded areas of health and social care is also discussed as a form of standardisation of EOLC (Borgstrom, 2016).

The effects of such measures were significant for EOLC providers such as hospices, NHS hospitals, residential care homes and other private EOLC providers who had not been previously categorised or compared to each other in this way. Current and future EOLC providers in England had to accept inspection and that a quality criterion for EOLC was being established. In introducing these processes it was clear that some attempts had begun to give a uniformity in EOLC. Consequently, a legacy of the Department of Health 2008 report and subsequent accounts of its progress was in setting up the systematic information gathering, processes and classifications to judge and categorise the relevant actors in EOLC. Importantly, what was introduced was the suggestion that the EOLC currently provided for terminally ill people in England was not good enough, but with state intervention better EOLC, from a

variety of providers, was going to be offered to the terminally ill in the future.

This key policy document has thus had a significant impact on how the complex process of managing EOLC has been translated into standardised, systematic means of monitoring and measuring quality and efficiency.

Through funding and quality measures, unifying and standardising of EOLC provision was taking place, with hospices being inspected in the same way as all other EOLC providers. Assessing the transformations and reformations for EOLC and for hospices, Seymour and Cassel (2016) discussed the public health system and approach to EOLC in England as being outlined through various statements of intent or strategies, and being maintained via monitoring initiatives. Sturgeon (2014) saw that the policy was the instrument which now brought together privately funded organisations and charities who could bid for and provide this EOLC together with publicly funded organisations such as NHS hospitals (*ibid*).

The consequences of these initiatives for the terminally ill, with this diverse range of providers competing against each other for public funding to provide health and social care, has been described recently by O'Mahony (2016a) as 'the jostling and manhandling of death' in the current battles over ownership of death and the dying process. Considering what this means for individuals who are terminally ill as well as health and social care professionals, O'Mahony suggested the current situation was a distraction from the 'real issues' involved for and with the care of the dying. Furthermore, from his position as

consultant, O'Mahony queried the current approach to dying within NHS hospitals and with EOLC given by hospital doctors. O'Mahony's (2016a, 2016b) writing raises questions about the cause and nature of underlying tensions between different providers and their approaches to EOLC, suggesting that policy, guidelines and measures and current discussions are having a consequence in the care which is delivered to people at the end of their lives. Borgstrom (2016) described this as the underlying assumption in EOLC policy that death can be both foreseen and managed (p. 5), a similar view has caused O'Mahony (2016b) to reflect that through attempts to measure EOLC some of the humanity in care for those at the end of their lives may have been lost. The idea that death may be controlled and refined and what this has meant for different care providers is discussed in the final part of this section on EOLC.

3.1.3 'Taming death'

Approaches to death and dying are connected to societal attitudes in contemporary society and together these influence the care of the dying (Hart et al., 1998; Mullick et al., 2013). With most deaths in England now occurring in hospitals the current approach to EOLC may be comprised of a more medical approach with EOLC given in hospitals often deemed to be at odds with a more holistic, sociological approach in which the entire human experience at the end of life can be considered (Thompson et al., 2016). Aries (1974) considered the development of a secular approach to death and care of the dying in an important social history of western attitudes toward death and dying. Using a

chronological account to chart the change in attitudes, he outlined the ‘taming’ of death and dying from medieval times and suggested that through rituals and religion actions were undertaken to control the unknown and frightening aspects which faced individuals and those around them at the end of life.

Through the ‘triumph of medicalisation’ (Aries, 1974, p. 584), Aries argued that death had become both ‘tamed’ and less visible through medical advances. He suggested doctors controlled the dying process and, at times, extended the dying stages, something which Aries saw as undesirable and described as a tendency of doctors to keep a patient alive at all costs (p. 585). Writing at a time of rapid medical advancement in areas such as the treatment of cancer, and when modern hospices were emerging to offer cancer sufferers a more holistic approach in the treatment of their illness, Aries contrasted hospices to hospitals, describing hospices as a ‘new concept’ specialising in painless dying and developing a different, and to Aries more acceptable, attitude and approach to death and dying to that of hospitals. Interestingly cancer may well have been ‘tamed’ as it is now considered to be a highly treatable condition, and whilst some forms of cancer are still terminal these commonly have a predictable downward trajectory with clearly staged and planned interventions, a treatment process which is not common or possible with most other terminal conditions (Clark, 2016).

Considered by O’Mahony (2016b) to be a romantic who had a somewhat idealised view of pre-industrial society, Aries’ work is however helpful in its

contribution to addressing how death and dying may have changed and how EOLC providers have developed their own approaches to the care of the terminally ill. Writing about the different approaches to EOLC Gallagher (2014) questioned whether there should, or indeed could, be integration or collaboration between EOLC providers such as hospices and hospitals, considering hospitals as healthcare settings where the dominant attitude and practice of a profession is based on practices of prolonging life (p. 286). What is emerging is that EOLC providers can be seen as distinguished by and from each other through the form of care that is provided and that a 'tame death' may suggest that the alternative is wild and somehow less desirable. Here what is surfacing is that different, and changing, societal attitudes and approaches to death and dying are fundamental to understanding how hospices have developed as organisations formed around a very specific practice of EOLC. The care which hospices provide is explained in more detail next.

3.2 Palliative care

Palliative care is considered to acknowledge the complete emotional, spiritual and physical aspects of an individual's suffering and offers an individualised process of care which accepts that a condition is no longer curable and that a person is at the end of their life (NCPC, 2017). Etymologically, the word palliative is derived from the Latin verb 'palliare', which means 'to cloak', a 'pallium' being a cloak or vestment worn by a priest (Dormandy, 2006; Sinclair, 2007). Documenting the treatment of pain over several centuries, Dormandy (2006) derived meaning from the Latin origins of the word suggesting that the practice of palliative care involved the wrapping or cloaking of a terminally ill individual at the end of their life. Studying the emergence of palliative care and understanding the connection of this form of care to hospices was important in this research project because it highlighted the different positions hospices have taken in comparison to other providers of EOLC. In addition, by 'championing' this form of EOLC, hospices seem to have been afforded a status and authority in EOLC care despite the amount of EOLC they provide in the UK being under represented in official figures (Conway, 2011; Field and Addington-Hall, 1993).

Palliative care emerged in the 1950s and 1960s from research undertaken examining the treatment of patients suffering from cancer in hospitals. Before palliative care the recognised practice and common treatment for the acute pain experienced by many cancer patients was to dispense pain relief on

demand with opioids, such as morphine, prescribed for extreme pain and often limited by doctors. Examining pain in a study of the development of modern medicine, Dormandy (2006) assessed varying attitudes to opioids ranging from suggestions that they were addictive or dangerous and, at times, that the request by a patient for opioids sinful (p. 493). Dormandy documented a period in medical practice in which opioids were only prescribed when those treating the dying considered the patients' pain to be intolerable because the individual was in extreme distress. The use of opioids for the control of pain in cancer patients began to be questioned in the 1950s, most notably by the physician Cicely Saunders. Conducting research amongst cancer patients she observed that terminal pain could be controlled by administering continual low doses of opioids, as well as by responding to patients articulating their own need, rather than with a pre-determined and prescribed dose to control pain (Kastenbaum, 2001).

3.2.1 The development of the modern hospice movement

Saunders' research was significant, firstly in reviewing how medication and care was being 'administered' to the terminally ill, and secondly in questioning the treatment given to terminally ill patients in hospitals and by hospital doctors (Clark, 1998). Until this point hospitals and hospital doctors had been considered to know better than their patients, specifically, around how to control pain in terminal illness (McGann, 2013). In challenging this practice and questioning the approach to the treatment of cancer patients, Saunders

was an early pioneer of a practice of caring for the terminally ill, and significantly, hospices were formed primarily around the care of cancer patients. As a disease with a relatively clear trajectory, and about which a great deal of research has been undertaken, the place of cancer in palliative care and in the forming of the modern hospice has been important; however now palliative care is considered to encompass the treatment of a much wider variety of terminal diagnoses, which have more unmanageable and less clear treatment paths than cancer (Walter, 2017).

Considering the growth of hospices as a 'charismatic movement', James and Field (1992) proposed that Saunders' leadership, as well as her 'singleness of vision' (p. 367), was a reason for the perceived success of the hospice sector in driving this alternative view of EOLC which differed from the established treatment of those at the end of their lives in hospitals and by hospital doctors. Through her research, as well as the time she spent caring for the terminally ill, Saunders developed a view of 'total pain' in the terminally ill which did not just consider acute levels of physical pain but included pain caused by a patient's anxiety, depression and sadness (Dormandy, 2006). Saunders advocated 'help[ing] people live until they die, supporting the dying in a community of faith and hope' (Holloway, 2007, p. 95), stressing her belief in the importance of incorporating the psychosocial as well as spiritual needs of the patient to lessen their physical suffering (Clark, 2016; Holloway, 2007; Manning, 1984; Walter, 1994).

The modern hospice movement emerged from Saunders' research (Clark, 1998, 2016). Describing Saunders' work as 'originating of a movement', Clark (1998) wrote that, believing 'total pain' could not be accommodated within hospitals, Saunders wanted a setting in which the treatment she advocated could be delivered. Determined to achieve this, she raised the funds to establish St Christopher's hospice in south London in 1967. Clark (1998, 2016) maintained that Saunders' drive to build St Christopher's came about through her desire to prove the relevance and value of palliative care, and to gain recognition for palliative care from the medical profession. Saunders' aim was to establish expertise in palliative care within hospices and to build a body of knowledge about this form of EOLC, as well as to disseminate palliative practice and influence care of the terminally ill in other EOLC settings (Clark et al., 1997; Walter, 1994). Manning (1984) noted 'quietly and very gradually [hospices have] brought about an improvement and upgrading of the programmes of care for the dying in the standard, traditional or conventional settings where in reality most people die' (Manning, 1984, p. 166), recognising some success in this endeavour for hospices.

3.2.2 Evidence based care

The broader aims of hospices to establish expertise in palliative care, as well as to build a body of knowledge, have been discussed by several writers in EOLC who recognise that to achieve this ambition and recognition required regular, sustained access to funding for research programmes (Bosanquet, 1997;

Holloway, 2007; Sinclair, 2007; Walter, 1994). EOLC has been referred to as a 'Cinderella service' (Henry, 2011, p. 108) of healthcare, and, despite a body of academic work in journals such as *The British Medical Journal*, *Palliative Care and Mortality*, to gain a reputation within the wider medical profession more tangible evidence was required of the work in this sector and of the effects of palliative care practice in EOLC to be recognised (Henry, 2011). Bosanquet (1997) explained this as the need for those who practice palliative care to provide evidence and, in particular, to address the conventions of medical research through the presentation of 'results' (ibid). Whilst explaining the importance of this quantification of palliative care, Bosanquet acknowledged that this requirement would sit somewhat awkwardly alongside other medical treatments where clear cut results and outcomes can be documented and measured (ibid). Writing around the same time, James and Field (1992) described this as 'goal displacement' (p. 1372) in hospices and saw this as a direct threat to the purpose and mission of hospices because they believed it would dilute the narrow but valued work which hospices were recognised for undertaking. This need to increase the standing of this form of EOLC, and for clinicians in palliative care to be regarded as experts in the same way as their colleagues who practiced in hospitals, continues to provide a dilemma for hospices.

This discussion on the need to evidence EOLC echo's the concerns raised earlier in this chapter by O'Mahony about the effects of assessment, calculation and measurement of outcomes in EOLC. Standardising of palliative practice to

meet the requirement of curative medical practices has been discussed in research by Russell (2015), the research director of Hospice UK, who examined what she described as the 'quantification of EOLC', arguing that in palliative care this practice would be challenging, invasive and inappropriate to carry out with patients who are at the end of their lives. Russell considered that to meet the requirements of the dominant medical practices in contemporary society a 'one size fits all approach' (p. 306) to EOLC might emerge in the palliative care carried out in hospices. Discussing issues of conformity and uniformity in EOLC, Russell identified a further situation for hospices such as St Angela's which, in seeking to expand their delivery of palliative care, may have to align with other organisations. Thus, competing or collaborating with health and social care providers to deliver public services, healthcare provision is facilitated by regional purchasers of services who look to a variety of organisations to provide the services which they considered would best meet the needs of a local population.

Clinicians and the wide range of other practitioners working in hospices may resist, as well as be unaccustomed to, the idea of 'data-rising', capturing and recording all aspects of EOLC and their engagements with patients and their families. However, this is something which they are increasingly being asked to carry out in what has recently been describes as the 'prognosis, paperwork and process' (Russell et al., 2017). Considered to be part of practicing EOLC in hospices this documentation of process and intervention in EOLC may now be necessary to access and account for public funding which hospices receive to

deliver palliative care (Clark, 2016). How hospices developed around this form of EOLC over time is explained next.

3.3 A place of care

Established outside the publicly funded health and social care system modern hospices which provide inpatient beds, day care and 'home hospice' services, as well as carrying out EOLC in some residential care homes, are regarded as a model of specialist palliative care (Seymour and Cassel, 2016). Early hospices were focused and organised around religious practice, funded by religious orders, named after saints, and nuns rather than nurses or doctors were the principal caregivers (McGann, 2013; Walter, 1994). At this time a hospice offered unconditional respite care for weary travellers, and a hospice was a building with its name derived from the Latin term *hospitium*, implying hosting at this place in which travellers and pilgrims could find food and shelter (McGann, 2013). Early hospices left a legacy of hospices as organisations characterised by their continued independence from the public health or the NHS and the local authority social care system (Dormandy, 2006; McGann, 2013; Seymour and Cassel, 2016).

The independence of hospices from other EOLC providers is manifested through the care which hospices deliver, a form of EOLC which they believe is

not provided in hospitals and cannot, or will not, be given by hospital doctors. For example, when the word hospice resurfaced in the early 19th century it was used by The Irish Sisters of Charity to name the building which they established from charitable donations to deal with a smallpox epidemic (McGann, 2013, p. 27). Hospices were therefore configured around providing a form of EOLC which hospitals were not organised around, a point which was made by McGann during her examination of different EOLC settings in her work as an architect. Researching different EOLC settings she discussed a general refusal or failure by hospitals in the early 19th century to care for infectious, destitute or dying patients. Designing St Francis hospice in Dublin, McGann concluded that 'death and dying is not seen as part of the hospital's core business' (p. 19), suggesting that as a place of birth and recovery, dying in hospital is still inherently unwelcome where in her view it unnecessarily 'depresses, discourages and disturbs other patients' (p. 19).

Contrasting the different EOLC settings McGann described how she was commissioned to create a setting at St Francis which comprised 'part home, part garden, part hospital, part hotel, part community centre, part beauty salon, part funeral parlour, part office, part university' (p. 34). Illustrating the different areas of a hospice, and contrasting this setting established around the practice and teaching of hope, McGann concluded that in hospices the approach to EOLC was that there is always something more which can be done for a terminally ill patient and their family but with the acceptance that the patient is approaching death and will not get better. McGann's work

contributes an unusual approach to understanding the fundamental differences between what happens within the setting of a hospice and a hospital and what aspects of the organisation can distinguish, as well as separate, hospices from other EOLC providers.

3.3.1 Inside a hospice

The idea of a hospice as an EOLC setting offering respite, as well as a sanctuary where people can withdraw from the community to receive support and be in a setting which assures an individual's privacy, is a major theme within academic discussions of both palliative care and the role of hospices in EOLC

(Bosanquet, 1997; Corner and Dunlop, 1997; Hockley, 1997; Sinclair, 2007).

Specific consideration of what it is which takes place inside a hospice inpatient unit has been discussed by Froggatt (1997) in her research into the care of the dying in which she interviewed both patients and nurses in hospices. Froggatt suggested hospices produced a liminal space for the terminally ill, a space in which an individual could become or proceed increasingly closer to death, in her work on rites of passage and hospice culture. Notably Froggatt illuminated the dying process from a less medicalised perspective considering that when an individual knew, or began to believe that, the illness from which they were suffering could not be cured or continue to be treated in a way which would stabilise and prevent deterioration this individual crossed a 'limen' or threshold. Employing the work of Van Gennep, Froggatt developed Van Gennep's concept of rites of passage and explored liminality, suggesting that in

some circumstance when an individual crossed a limen they entered a limen state of transition.

Interestingly Froggatt suggested that hospices, and those involved in palliative care, have placed a boundary around the dying, seeking to contain this dying process within the hospice setting. Thus, on entering a hospice building, such as an inpatient unit or day centre, an individual can begin the process of transition, progressing towards dying and ultimately death. Froggatt's (1997) work conceptualising hospices as a setting in which patients cross the 'life-death boundary' (p. 123), clarifies the conditions which are created in hospices as well as what differentiates hospices from other EOLC settings. Portrayed in this way, the hospice setting becomes a distinguishing factor when a comparison is made between hospices and other EOLC settings, such as hospitals or hospice care at home.

Significantly the setting of hospices can also be problematic and has drawn some criticism. Specifically, hospices have been blamed for contributing to the continuation in organising and structuring conditions which segregate death and dying from the wider community (Zimmerman and Rodin, 2004 p. 125). Removal and containment of death and dying by organisations such as hospices was seen to contribute to the 'denying of death (p. 121) by Zimmerman and Rodin, a theme also raised in discussions of societal attitudes to death by Aries (1974) who believed a denial of death resulted from a disdain for death and dying. Aries argued that contemporary society has developed a preference

for a discrete, tidy and ‘invisible’ (p. 613) death, concluding that society has become ashamed of death, behaving as if dying does not exist, which he attributed to the removal of the dying process into institutions such as hospitals where it was controlled or hidden from wider society. Recently Walter (2017), agreeing in part with Aries, develops this suggestion further arguing that thus what has happened in contemporary society is that we have become ‘de-skilled’ (p. 107) and unfamiliar with death and dying, a suggestion which, in part, he saw the initiatives of Dying Matters² trying to redress.

Hospices are emerging as facilitators for ‘invisible’ death, with suggestions that hospices are complicit in the hiding, disguising or cloaking of an individual, as hospices maintain the concealment of the mess and pain involved in death and dying from wider society in their buildings (Conway, 2011; Gibson, 2011; Sinclair, 2007). Writing about these issues and considering the expansion of the hospice model and, in particular, the recent growth of hospice services outside inpatient units, Sinclair (2007) ‘rethought’ how palliative care could be delivered but also how, through its delivery, dying and death could become less hidden. Focusing on hospices, which are increasingly expanding services and providing care outside an inpatient unit, he singled out hospice day centres and the services, such as hairdressing for the terminally ill individual, which are provided. Sinclair believed this was an example of a patient being taken out of their community unnecessarily by a hospice. Thus, instead of going to their

² Dying Matters is a national coalition which aims to change public knowledge, attitudes and behaviours towards dying, death and bereavement.

local hairdresser in the community this service was provided in a hospice, discreetly and privately.

Sinclair's (2007) work prompts reflection as to the limits of hospice care and what is understood as palliative care. Raising concerns about hospices' role in hiding death from society, Sinclair questioned how far hospice care can extend out of established hospice buildings, such as inpatient units in this case, into day centres amongst the community, as well as questioning what is understood as comprising palliative care. Established over fifty years ago, the modern hospice was formed around the treatment of cancer patients in inpatient units, but hospices are now becoming organisations which offer care to a much wider variety of patients and have extended out of inpatient units whilst continuing to deliver and advocate an attitude and approach to dying which is termed a 'good death'.

3.4 A 'Good death'

In this final section attention is given to the terminally ill individual and the key narrative within contemporary end of life care which is expressed as every individual's right and ability to 'die well' through receiving palliative care (Neuberger, 2004; Pihlstrom, 2015). As an individual enters the dying stage of life, 'dying well' has been viewed as what takes place in the gradual decline towards death and is associated with practices which allow for terminally ill

patients to accept and prepare for death (Hart et al., 1998; Masson, 2002; McNamara, 2004). Here it is important to explain that death can be regarded as an event or a process, and that discussions about 'dying well' rely on death being understood and indeed happening through a process thus allowing roles, responsibility and recognition in the dying process, including a place for the individual and space for the behaviour to be examined of someone who is terminally ill.

Dying well and the idea of a good death has been conflated with palliative care and hospice care in part because these practices advocate an approach which they describe as 'living with dying, preparing for dying and planning for dying' (Russell et al., 2017). Thus, what is advocated in the dying phase of life by hospices does not position the terminally ill as 'receivers of care', passively accepting what a healthcare professional considers as the best treatment, but encourages an individual to become actively involved in planning and choosing treatment (Walter, 1994; Russell, 2015; Russell et al., 2017). In the examination of how to die in contemporary western society 'choice' has become an added expectation of the terminally ill as well as a characteristic of contemporary EOLC. Discussing choice in terms of a new 'logic' Mol (2008) differentiates this new logic from that of the old logic of care, proposing that ideas such as patient choice in healthcare may have eroded rather than improved care, making care mechanical, a subject which is examined under the heading of planning and control in EOLC later in this section. Addressing these criticisms, Walter (2017) has recently argued that a more appropriate phrase in EOLC would be that of

patient 'preference' (p. 42). However, Walter recognised that, as choice is more in line with what he described as the neo-liberal ideals that in healthcare and where the central subject be considered more in terms of a consumer than a patient, it is unlikely that choice in either EOLC or other areas of health and social care will be replaced by the more realistic idea of preference soon.

In a sociological critique of what constitutes a good death, Hart et al. (1998) drew on the work of Aries as well as that of Elisabeth Kubler-Ross, the Swiss-born American psychiatrist and physician. Considering what they described as the ideology of a good death and its importance in the modern hospice movement, Hart et al. consider a good death to consist of dignity, peacefulness, preparedness, awareness, adjustment and acceptance (p. 72). In more recent work on a good death by Read and MacBride-Stewart (2017) the issue of reduced mental capacity was raised in a review of 1,400 academic articles published between 1955 and 2015, all of which discussed a 'good' as well as at times a 'bad' death (p. 3). Whilst this research found that the terminology of a good death incorporated terms such as 'dying with dignity' and 'the quality of dying', the review was notable for identifying that inherent within all discussions on dying well or a good death was an assumption that to 'die well' or to have a good death required a terminally ill patient to possess significant mental capacity. As the increasingly complex conditions of those who are terminally ill include conditions such as dementia and other diagnoses which reduce mental capacity, a good death may become unobtainable for individuals. Because of deteriorating mental health amongst an ageing

population in England, Read and MacBride-Stewart (2017) suggested that many individuals who are terminally ill are unable to comprehend their condition or to make choices about the EOLC which they would like to receive (p. 11); thus for hospices and other EOLC providers achieving this particular framing of a good death is increasingly problematic.

Complex conditions including reduced mental capacity are changing EOLC. What is emerging is that the dying process has been extended so people will spend longer dying. Read and MacBride-Stewart (2017) illuminated one additional consideration or barrier for a person at the end of life achieving many of the elements considered to constitute a good death, including participating in the planning of the care which they will receive, deciding where EOLC is received and ultimately choosing where they will die. Here EOLC appears to be 'progressing' in that having questioned and in some ways resolved themes such as managing pain and the importance of a holistic approach in treatment and preparation for death what now needs to be addressed in EOLC are choice and control (McNamara, 2004; Russell, et al., 2017).

Whilst Read and MacBride-Stewart (2017) raised issues which relate to the cognitive capacity in what is required to achieve a good death or die well, Pihlstrom (2015) explored suggestions of the management of death from a philosophical and pragmatic perspective. During her examination of control within the dying process Pihlstrom suggested that it is the prevalence of a

discourse around patient choice and its central part in western liberal philosophy that encouraged an attitude within dying well that suggests that, if exercised, both choice and control will provide personal happiness and fulfilment. Supporting and developing this work Borgstrom and Walter (2015) outlined that a liberal approach to health and social care where individuals are encouraged, if not expected, to engage in and plan their own EOLC has become part of a wider discourse of personal choice in healthcare. Borgstrom and Walter saw choice in EOLC characterised by representations of empowered, rational patients and suggestions of personalised autonomy expressed as patients being able to freely exercise informed choice about the most appropriate EOLC. Whilst 'self-controlling' in the dying process becomes an increasing focus of EOLC, Pihlstrom (2015) argued that so too must the opportunity for terminally ill individuals to give up or relinquish control.

What is emerging in EOLC is the development of personalised EOLC in which a role of government has been acknowledged. In their work, Borgstrom and Walter (2015) returned to consider choice and control in EOLC as the result of specific government policies which they argued shifted responsibility of care through expressions of choice and autonomy to the individual. As well as referring to policy publications such as the aforementioned 2008 'End of Life Care Strategy' Borgstrom and Walter (2015) specified work which has been partly publicly funded such as the 'Dying Matters' (p. 99) campaign and this organisation's work using social media and events such as the annual 'Dying Matters Week' to raise awareness of choosing, planning and controlling EOLC.

In Dying Matters, Borgstrom and Walter saw further intervention, which promoted the suggestion of personal responsibility, positioning EOLC as something for individuals without a terminal diagnosis to consider, discuss and plan.

At a time when dying trajectories have become more complex, lengthy and less predictable discussions around what constitutes a good death, or dying well, have been shown currently to be based around ideas of choice and control. Thus, the government's policy directives have been to encourage and promote the idea that a terminally ill patient should become involved as an active participant within their own EOLC.

3.4.1 Planning and control

The current approach to death and dying has been outlined as a process involving diagnosis, prognosis and medical interventions, but also expands to include some concern for other matters such as writing a will. The idea that dying can be planned, recorded and documented and that those who are terminally ill should record their choices and set out plans is an initiative known as 'Person Centred Planning' (Sinclair, 2007, p. 165). Known as anticipatory care planning as well as advanced care planning (ACP) the most recent publication in this area, the 'Review of Choice in End of Life' (July 2016), published by the Department of Health, enshrined within government policy

the idea of formalising and documenting choice but is considered as actually more about instigated control (Walter, 2017).

Looking at this initiative to record and plan an individual's EOLC once a terminal diagnosis has been made, consultants in palliative care medicine, Mullick et al. (2013), saw the process of formal decisions, often recorded electronically, as part of a process to coordinate systems involving different EOLC providers. Furthermore, Mullick et al. argued it was more than an initiative by central government, and the idea of planning EOLC, proposed to improve communication between different health professionals in a range of EOLC settings and achieve the choices and wishes of those at the end of their lives, would now become a way to measure how effectively providers had fulfilled a patient's preferences.

The aim of ACP is to facilitate a good death through planning, identifying and organising care available from a range of different stakeholders, for example patients, families and healthcare professionals, as well as providing data to funders or commissioners of care (Russell, 2014 p. 997). ACP is a collection of forms which, once completed and registered, are a device in EOLC which can direct resources and ensure public funds are allocated to EOLC providers who feature most strongly in care plans (Russell, 2015). From a hospice perspective, Russell (2014) saw ACP as a term to encapsulate anticipatory end-of-life conversations, documentation of wishes and care, and the right to refuse in advance treatments for self or others, and even if the forms and electronic

documentation are not completed a conversation about ACP is seen by hospices as a 'therapeutic intervention' (Russell, et al., 2017). Whilst hospices may regard ACP as beneficial to patients the role of ACP may be more to measure and evaluate after an individual's death.

ACP raises tensions in EOLC because exercising choices and making decisions are not always considered to be helpful to patients, as they burden a terminally ill person with additional responsibilities at the end of their life (Mol, 2008; Pollock, 2015). Having to 'die well' requires patients to continue to be active and autonomous, perhaps in the same way in which at other times in their lives patients have been required to be active, to make choices and to behave as a 'a good citizen' or 'an active consumer' (Holloway, 2007). Walter (1994) writes about what he described as 'a current trend to define one's own dying' (p. 29), which he continued into a discussion about the personalisation of death in many associated areas such as coffin designs and funeral services. In her book 'Dying well a guide to enabling a good death', Neuberger (2004) argued that to achieve a good death was to require an individual at the end of life to actively embrace this 'last human endeavour over which we can control' (p. 145), suggesting that being able to die well required an element of control to be exercised by the individual. To fulfil this role Neuberger suggests an individual would be conforming to what they believed was an acceptable death or dying process, performing the role in their own story of a 'good patient', articulating their own wishes to doctors and family members whilst 'dying decently, tidily, not disintegrating as persons, not being a mess' (Neuberger, 2004, p. 126).

What emerges from this discussion is the relationally involved in the reality of death and dying, in other words that for a terminally ill person how they want to die is not just about the individual's wishes but what that person believes is most customary and acceptable to those around them, adding more aspects to the planning by an individual at the ends of their lives.

3.4.2 A place of good intentions

A hospice has been referred to as a successful setting for this type of 'hope work' by Walter (1994), who went on to consider that hospices themselves had a role to play in the control and management of dying. Writing about what kind of death was acceptable in a hospice setting, Walter described observing a 'hospice smile' (p. 135) seeing this fixed expression of hope amongst both patients and staff at the hospice. Walter described an ongoing performance in a hospice which, for a patient, is a duty to perform as the good hospice patient and play a very specific role. Carrying out his research into hospices by questioning staff and patients in the early 1990s, Walter interrogated the peacefulness of the hospice surroundings asking in one hospice he visited why an anger room was not included as he felt that those who were terminally ill would need a place to scream and shout about the injustice of their terminal diagnosis. He concluded that this room had not been included within hospices to ensure the careful constructed peaceful atmosphere continued uninterrupted by these disruptive behaviours and consequently ensured that hospices are seen and continue to be seen as places of serenity.

The day-to-day work carried out in hospices was explored by McNamara's (2004) in an ethnographic study in Australia which found that the hospice care observed was at times routine care based on the medical needs of the dying body and did not necessarily include less tangible elements such as the patients' spiritual well-being (p. 936). Importantly, this study found that despite what McNamara saw as the good intentions of clinicians they regarded a 'good enough' death as what could be achieved in a hospice setting or the reality for the terminally ill in a hospice. A 'good enough' death was also felt to be more realistic in the examination of non-professionals, patients and their families in Masson's (2002) study of a hospice in the north of England. Taking testimonies from hospice patients and families this research showed how ideas of a 'good death' were in fact pragmatically negotiated by both professionals and non-professionals, with dying becoming 'good enough' (ibid). These two studies, carried out amongst clinical professionals as well as patients and relatives of individuals who had died in a hospice, provide useful insights into a role for hospices within the discussion of an individual dying well and achieving a good death (Masson 2002; McNamara, 2004). However, much of the research into what constitutes a good death has been undertaken amongst healthcare professionals or with patients and families, centring on EOLC provision. Accordingly, the examination of dying well has not been considered from the perspective of the role and contribution of other areas of a hospice, for example the day-to-day care work of non-clinical teams at a hospice and how their activities may influence the care which is delivered. Through the

focus on marketing practice in this thesis an opportunity is provided to consider more than just the role of clinical teams in the functioning of hospices.

3.5 Chapter summary

This chapter has indicated that changes are taking place in the EOLC sector. Policy was introduced to implement improvements in EOLC and through changes to public funding a wide range of public and private EOLC providers including hospices, hospitals and residential care homes now comprise the service providers in this sector. Paradoxically, as the government set about introducing the suggestion of choice into this area of health and social care through initiatives such as advanced care planning for care of the terminally ill they have also sought to standardise, measure and control the dying process. What has emerged from this chapter is that EOLC is a sector moving towards more market-based principles, centred around the idea of outlining patient choice or preference for the care which the terminally ill receive at the end of their lives as well as attempting to 'manage' the dying process.

Hospices remain somewhat revered for the holistic care which they provide, particularly their ability to facilitate what society currently considers as a 'good death'. Indeed, this chapter has shown that the care which hospices provide is aligned more closely with the current ideas of choice and preference than that

of other EOLC providers. However now, as one EOLC provider amongst several actors competing within this sector, the role for hospices is altering and, whilst trying to adhere to their hospice principles, this chapter has illustrated that EOLC is becoming a sector in which the principles of EOLC are changing. This sector has been shown to be reconfiguring creating a challenging context for hospices and the care which they provide.

Chapter Four

Methodology

Introduction

The research design has been guided by the key thrust of this study which is that marketing is a sociomaterial performative practice which has a role in shaping and organising a market. This conceptual framework informs the rationale for the research approach and, drawing from the theoretical discussions of Market Studies and marketing practice in Chapter Two, will be shown in this chapter to inform the research aims and objectives and the important decisions made in the design of the empirical element of this thesis.

First the research approach is set out, including the ontological and epistemological position, and the justification for the choice of a single site ethnographic study. After this, negotiations for gaining access to the research location, the three-month fieldwork process and data collection are outlined and next analysis and interpretation during, as well as after, fieldwork are discussed. The final section is written from a more personal perspective addressing the area of researcher reflexivity as well as providing a consideration of research ethics and limitations of the study.

4.1 Research aims and questions

The previous chapters have carried out a review of the current literature in both the study of markets and the activities of marketing from a sociomaterial performative practice perspective, as well as introducing the wider view of a difficult and changing sector in Chapter Three. What emerged from the study of the academic literature on the organising that takes place in markets is that more research is needed to understand the contribution from the practice of marketing to the shaping and outlining of both a market object and a sector (Araujo and Pels, 2015). Whilst previous literature on marketing practice in the study of markets has focused on areas such as the performativity of a specific practice (Jacobi et al., 2015; Nilsson and Helgesson, 2015), or studies have considered the effects of particular concepts and frameworks (Finch and Geiger, 2010; Venter et al. 2015), this study considers a more holistic approach by focusing on a contribution of marketing to outlining the central focus in the configuration of a developing sector.

Studying the practice of a team situated within an organisation by considering all the micro activities involved in the 'doing' of marketing, the aim of this study is to contribute to the understanding of how marketing practice contributes to shaping a central focus or market object at an organisational as well as at a macro or sector level (Mele et al., 2015). Specifically, recent work in areas of concerned markets (Geiger et al., 2014) has shown that a sector may have multiple or conflicting principles. Whilst knowledge is developing around

qualifying the central worth, value and focus in a market beyond solely economic factors, an opportunity exists to extend this work which will be made in this thesis through the examination of the ideals of EOLC, with the focus on the configuring of a central focus or market object by marketing practice in a developing sector. Furthermore, adding to a body of academic work which has sought to consider the consequences of performative marketing practices (Diaz Ruiz, 2013, 2017) this study will demonstrate what else emerges in this accomplishment (Cochoy, 2015; Venter, at al. 2015) by questioning how and why this work to outline a central focus is being undertaken.

Given the above the thesis sets out to address the following research questions:

1. How can marketing practice be understood and conceptualised in a context of emergent marketisation?

Specifically:

2. How does marketing practice contribute to the shaping of the market object?
3. How is the introduction of the marketing function into a hospice setting negotiated?

To answer these questions the thesis takes a research approach which resonates with the literature on marketing practice as discussed in Chapter Two.

4.2 Research approach

A key tenet of this thesis is that marketing practices not only describe but also produce markets (Cochoy, 1998). Methodologically this means that the research design should enable the ‘capturing’ of what marketing practice entails and the effects it produces. The assumption that markets are the result of ongoing negotiations between a diverse range of actors is underpinned by an ontological understanding of the dynamic nature of reality as continuously produced through practice (Kjellberg and Helgesson, 2006, 2007). Moreover, the key literature on markets and marketing practice previously discussed asserts that this production is shaped by human action as well as material elements. Subsequently, the research follows a sociomaterial practice-focused approach, which pays attention to the performative character of human and non-human actors for ongoing constructions of reality (Barad, 2003; Hagberg and Kjellberg, 2010). The chosen research design enabled in situ observations of what came about as the result of ‘doing’ marketing in day-to-day work (Czarniawska, 2016).

Adopting a constructionist view of reality, the approach which has been taken in this study assumes that social reality is continuously made by other than just human actors and actions. Ontologically this research draws on the ideas put forward by Callon (1998, 2007) and his work considering who and what produces a market. The processes which this study illuminates are described by Law (2008) as a web of relations which ‘enact, enact again and enact yet again’

(p. 635). Of particular relevance to this study is the work by Kjellberg and Helgesson (2007) identifying specific practices which are recursive and capable of imposing shape on ill-defined matter within the study of how a market is formed (p. 140). The understanding of the complexity of what emerges, or what is involved in this enactment or performance, has some commonality with ideas put forward by Latour (2005) who urged the researcher to look for the contribution of humans and objects in what is brought into being. This epistemological position has informed the thesis and thereby sensitised it towards including the contribution of artefacts into the analysis of marketing practice. Whilst not following the notion of ontological symmetry between humans and non-humans advocated by Latour (2005), the approach in this study has drawn on the idea put forward by Barad (2003), which is that the material world becomes entangled with humans carrying out their day-to-day work and thus the study of organisational activities, such as marketing practice, should undertake to include the involvement of things and artefacts.

4.3 Organisational ethnography

An ethnographic approach was chosen to allow for a prolonged study of the organising which was taking place in end of life care by focusing on the day-to-day routine activities of one team in one organisation, St Angela's Hospice. Ethnography has been discussed by Gaggiotti, et al. (2017) as offering a perspective on the study of organisations which gives valuable insights by

bringing into view that which normally remains invisible (p. 336). This detailed discernment which is offered in ethnography comes about from close observation and involvement in a particular setting in which practices can be observed and experienced over time (Watson, 2012, p. 16). The importance of ethnography as a research approach is that the researcher is both in-situ and alongside participants. Differentiating ethnography from other in depth qualitative research approaches Schubert and Röhl (2017) considered these aspects as essential in offering the researcher an opportunity to give an account of the less visible but significant. Furthermore, what may frequently be viewed by participants as the insignificant aspects of their day to day work within an organisation. Thus, in what at times was quite an intimate situation in the marketing office at St Angela's, over time an ethnographic approach allowed the constitutive elements of marketing practice to be revealed.

Seeing ethnography as offering the opportunity to study the activities in organisations and understand organisational processes as more than isolated accounts of one task after another Gaggiotti, et al. (2017) argued that ethnography is particularly useful, but recently neglected, as a method with which to understand broader social issues. Being open to the interrelatedness of organisational practices is a position which resonates with the aims of this study as this thesis set out to consider the influences of marketing practice in a sector as well as impacts beyond the boundaries of the hospice. Importantly the ethnographic research design gave the opportunity to investigate the role of non-human entities, things, artefacts and the materiality of organisations

(Schubert and Röhl 2017) as well as showing the sector as materially constructed from policy and documents. Thus, ethnography exposes a range of aspects within and beyond an organisation as interconnected with the activities of individuals. Therefore, an ethnographer is drawing out and helping to give an account of the materiality of marketing and all that was involved in influencing the accomplishments and activities which comprised this organisational practice (Nicolini, 2013, p. 3).

As a research approach ethnography offers an opportunity to achieve a prolonged focus on activities being carried out as part of a marketing practice. Zilber (2014) advocated ethnography to capture a representative 'slice' and ensure enough exposure to a practice to justify the arguments put forward (p. 104). Supporting ethnography, Watson (2011, 2012) argued that ethnography was the way to engage with the micro and material aspects of organisational life or 'get as close to the action as possible' (Watson, 2011, p. 206). Accordingly, the value of ethnography in this study is that it enables the examination of how micro practices influence what emerges at a meso or macro level. In further support of an ethnographic approach, Johnson and Duberley (2000) proposed that ethnography was a particularly useful research methodology because it allowed the researcher to understand local practices, engage with the field and draw out insights. This specific offering of ethnography was described by Atkinson (2015) as the intense and sustained engagement with a field of practice and something which was an important aim of this study derived from

the key concept of examining the effects and consequences of marketing practice.

The study of a practice at field level in an ethnography has been written about by Zilber (2014, p. 97) as the challenge of studying, conceptualising, capturing and analysing the field, and, whilst arguing that a researcher must be prepared for the connected and interrelated aspects of what ultimately constitutes a field, he alerted the researcher to consider ideas such as ‘trans-organisational structures’ (p. 96). What Zilber was highlighting was how to balance a need to remain open to ‘following’ micro-level practice whilst being aware of the wider context of research, for instance a sector, and at the same time being aware of constraints such as time or access. In this study Zilber makes a useful and clear connection between micro practices and their effects at a macro level which can emerge from an ethnographic study. Studying psoriasis through the practice of accounting, in her ethnographic study Frandsen (2009) described traveling across Gothenburg through houses and clinics as she followed things, such as pens and specialised medical equipment; the things which were part of the practice undertaken by nurses and doctors and the treatment patients could administer themselves. This study questioned the concept of fixed territory or a boundary of the practice itself, through a sociomaterial practice-based perspective. Furthermore, in Frandsen’s research the limits of the study were considered an important methodological question which has also been discussed by Czarniawska (2004, 2008) because of the suggestions of territories or fields of enquiries to studies following or focusing on practice.

Frandsen's study raised many issues both regarding where to observe and how to decide the boundary of the enquiry or field of practice. In his work on practice Nicolini (2013) argued that a study of practice should not necessarily assume that what constitutes a practice is carried out by practitioners and that to study practice meant to look beyond those who may be designated with authority or roles (p. 7). Nicolini's suggestions were not particularly helpful in directing the beginning and early stages of fieldwork in this study. A more useful suggestion was given in where the ethnographer should initially be based by Czarniawska (2004), who argued that an organisational researcher 'has to be somewhere to study something' (p. 779) in her discussions of preparing for fieldwork. However, she goes on to caution of unintended consequences of these choices suggesting that the researcher may consider that the 'ways of doing things become places and objects' (ibid) implying that the researcher may both make and place too much importance on one specific organisational setting in an ethnographic study. Accordingly, in this study it became important not to consider the marketing office as the only site of marketing practice or the only place in which marketing activities were, or could be, taking place.

An ethnographic approach provides an opportunity to include more than just people, but to consider, or reconsider, the at times neglected contribution of things in day-to-day work. In an ethnographic study by Bruni (2005) undertaken with clinical team in a hospital what emerged was that at times the

human actors became preoccupied with the various material elements, in this case the clinical records, which were involved in their work, for example, for their role gathering and recording patient data (p. 34), and this study illustrated the possibility for things and artefacts to direct and even influence human actors in aspects of their practice. In institutional work Monteiro and Nicolini (2014) demonstrated the contribution of material elements in the activities undertaken to award two prizes, in particular the role of things in circulating and spreading the accolades associated with the honour. Monteiro and Nicolini's (2014) study on institutional practice and Bruni's (2005) work on medical practice revealed a role for things in altering and extending what ultimately emerged. Importantly, both studies revealed things and artefacts needed to be observed and included providing an account of the significant part they played in what came into being.

In summary ethnography as methodology can accommodate a range of research methods from interviews to document analysis, observation, shadowing and participation, allowing for the more holistic consideration of who and what was involved in the practice under examination in this study. However, Johnson and Duberley (2000) consider that in an ethnography it is important for the researcher to prepare for a less rational, linear and at times more embodied and immersive process which characterises ethnographic fieldwork but may be less common in other methodologies. An examination of the 'messy' practice of carrying out an ethnography forms the next part of this chapter.

4.4 Research design

This section begins by setting out brief details of St Angela's Hospice, the focal organisation of the research, before explaining the process of securing access to the hospice and some details of undertaking fieldwork. Ethnography offers an opportunity to employ a range and variety of research methods explored in this section under the subheadings of participant observation and interviews as well as the collecting of artefacts such as documents and taking of photographs.

4.4.1 Ethnographic study

The research site chosen was St Angela's hospice. Established in the 1980s as an inpatient unit it has now grown into an organisation providing EOLC in two day centres as well as in patients' homes. Employing over 250 people, St Angela's strategic plans, published in 2014, outlined a period of development and investment for St Angela's which included the expansion of non-clinical teams such as marketing as well as significantly extending the hospice's services (Appendix A). In summary, fieldwork was undertaken in an established hospice during a period of investment, restructuring and expansion. The marketing team were newly formed and had just been relocated to a new office at a business park, a site which had recently been taken on by St Angela's and where many other non-clinical teams were located. Thus, fieldwork was conducted during a period of adjustment as individuals

and teams were reconfiguring in the new location and at a time when the hospice was expanding its provision of EOLC services.

By being in the marketing office of St Angela's hospice, participating in and observing the team's activities, the aim of fieldwork was to understand what the team were doing: how, where and with what they were accomplishing their work. In addition to the fieldwork days spent at St Angela's, desk research was undertaken to augment the enquiry, collecting texts such as government reports, newspaper articles and clinical research in EOLC (Appendix B). The purpose of this activity away from fieldwork was to connect the different dimensions of the field of study, in other words the activities of the marketing office, goings-on in the organisation and changes in the EOLC sector, thus locating and examining the team's practices in the wider context of both the hospice and EOLC (Rogers, 2014, p. 14).

4.4.2 Negotiating access

The first contact was made with Kirsten, the newly promoted Head of Marketing at St Angela's, in late October 2014; subsequently a process of negotiation to gain access to the hospice began. The exchange of emails and one face-to-face meeting which took place are examples of what Buchanan and Bryman (2007) framed as the 'political nature of discussions' between the researcher wanting to gain access and the gatekeeper, the individual or

individuals who need to agree to the research taking place. What arose during these negotiations for access was the expectation of reciprocity, or what the hospice might hope or expect to receive in return for granting access. Extending discussions of the challenges involved in getting as well as maintaining access, Cunliffe and Alcadipani (2016) concluded such trades and negotiations comprised the all too frequent additional pressures on researchers as they navigate and make choices to gain and sustain access. For example, during the negotiations to gain access to St Angela's Kirsten expressed her doubts in terms of what she felt St Angela's, as well as the marketing team, could accommodate, but agreement for access was arrived upon when I consented to generally 'help out' the marketing team during fieldwork.

If the offer, which may have secured access, to Kirsten to 'help out' the marketing team at St Angela's needed justification, then actions could be considered in light of Watson (2011). Reflecting on the 'reality and truth' (p. 204) involved in undertaking organisational ethnographies, Watson proposed, 'we cannot really learn a lot about what "actually happens" or about "how things work" in organisations without doing the intensive type of close-observational or participative research that is central to ethnographic endeavour (ibid)'. Calling this the 'discomforting necessity' (ibid), particularly in research involving the study of practice, to have achieved what Watson advocated as essential in ethnographic work without becoming involved in 'helping out', and what is part of ethnographic work, would have been very difficult or almost impossible in this study.

The process of securing access in terms of what is agreed upon as the basis of how fieldwork will be undertaken has implications both for the researcher and for those who become participants (Buchanan and Bryman, 2007).

Significantly, issues and concerns, which at times may only emerge as an ethnographic study unfolds, were, in this study, disclosed and made clear before the research began. For instance, in addition to completing the necessary requirements for beginning fieldwork, together with outlining a few tasks to be contributed towards, Kirsten very overtly set out her expectations for fieldwork to both the marketing team and others at St Angela's. She, for example, asked that I attended a meeting to present the project to the six members of the marketing team in April 2015. During this meeting and the subsequent question and answer session the team were encouraged by Kirsten to ask a wide range of questions from who would read the thesis to how what was going on in the office was to be recorded. It was also in this meeting that the team were given participant information sheets (Appendix C). Once issues of anonymity had been addressed everyone gave their consent completing forms (Appendix D) thus agreeing to become participants in the project.

Following this meeting Kirsten conducted a full tour of the hospice office at the business park, and introductions were made to a range of different people at the hospice, including Jan, the Head of Fundraising, and Kym, the Head of Human Resources. In addition, an email was sent to the senior leadership team of St Angela's announcing and explaining this study.

In this key period of establishing fieldwork, and the way in which Kirsten had declared my presence to the team and others at St Angela's, it was becoming apparent that this study was to be something of 'a talisman' for this new team. Whilst it was not unusual for the clinical teams at the hospice to have researchers working with them, or to be the focus of studies, this project, based in a non-clinical team at the business park, was the first of its kind at St Angela's. Here the implications of both my presence in the marketing team and participation in their activities emerges as a further consideration and consequence in the negotiating of fieldwork access. Atkinson (2015) argued that the personal and intellectual commitment which is required to gain and maintain access in ethnographic studies is often understated or underestimated in the early stage of the research process. Here, as fieldwork began in this study, a 'warrant' to undertake fieldwork seemed to have been issued on behalf of Kirsten, the marketing team and the hospice, with quite significant expectations attached to the agreement of participation and 'helping out' in the marketing team at St Angela's.

4.4.3 Three months of fieldwork

Fieldwork began in May 2015 and, apart from lacking the obligatory headphones worn at times by the marketing team to signal a period of serious uninterrupted work, I was equipped similarly to a member of the marketing team, provided with a new desk and chair, used a laptop, given access to the hospice Wi-Fi and assigned with a hospice email address. However, despite being equipped as and having the outward appearance of a team member,

Packer (2011) cautioned the individual ethnographer to remember that they will ultimately always be regarded as a stranger or 'marker' (p. 235) of the outside world and in a research setting will only ever be able to look 'over the shoulders' of participants (p. 215). Parker suggested that a researcher is always somewhat separated, not possessing the formal identification or recognition of contribution to an organisation through instruments such as a contract or remuneration. So, whilst this meant I was not ever going to achieve 'membership' of the marketing team, instead what seemed to have been granted was a 'co-opted membership' of marketing for the duration of fieldwork which, in part, had been facilitated through agreeing to help this new team with their work at the hospice.

During fieldwork, unsurprisingly, there was a significant variation between my activities as a co-opted 'member' of marketing and 'real' team members which also shaped the research process. The researcher role allowing the exercising of relative freedom and autonomy in comparison to 'real' members, in this case those of the marketing team, was discussed by Coffey (1999). In her examination she drew the comparison between the researcher and practitioner in terms of choices available, seeing that whilst a researcher can exercise the choice to leave the research setting and withdraw any contributions being made, participants cannot (*ibid*). However, in this study during fieldwork the variation manifested in an ability to be able to travel around the hospice, moving through the marketing office to other sites at St Angela's, incorporating aspects of multi-site and mobile ethnographies (Neyland, 2008). Drawing on

Neyland's explanation of the ethnographer making moves to connect and cross boundaries, fieldwork could be seen to have progressed along with my participation in activities outside the marketing office. Becoming involved in a range of meetings, helping at events and carrying out helpful errands to other hospice sites, my research, and consequently this study, became shaped by these experiences as I started to follow the practice of marketing. At times this meant leaving the marketing team behind, fixed in their new office, to see the activities and practice emerging in places outside the marketing office in other teams.

Extending the enquiry beyond the marketing team into areas such as fundraising and business strategy was at times assisted through introductions made by the marketing team. For example, Kirsten facilitated an introduction to Alan, the Chief Executive Officer (CEO) of St Angela's, during which she suggested to him that he should become part of this study. At other times, relying on snowball sampling (Bryman and Bell, 2015) was less successful, for example when I suggested to Kirsten that it would be useful to talk to a general practitioner about an aspect of the hospice's work and she was reluctant or unable to help. In this and other instances the marketing team, especially the newer members, appeared at times to be protective, guarding their emerging and delicate relationships around St Angela's from scrutiny, whilst at other times sending me out in an almost ambassadorial role for the marketing team, with the expectation of some disclosure post the interviews, which I was then unable and unwilling to give. Importantly, leaving the marketing office to

attend meetings and events, as well as the chance encounters and spontaneous exchanges which took place in the small marketing office kitchen, in the car park and even in the toilets at the business park, opportunities surfaced to engage with many different people, and not just the official marketing practitioners of the hospice, during fieldwork.

Throughout fieldwork an opportunistic approach was employed, akin to the one outlined by Tyler (2011, p. 1485) in which she described her fieldwork as ‘improvisational, interactive and iterative’. Trying to work around my own personal situation, as well as the constraints outlined in the research setting, all interactions had intent in that I was always optimistic about what might emerge as a contribution to fieldwork from an encounter outside the marketing office. For example, a particularly insightful and unexpected participant who contributed to this study from a very different role to those of the marketing team and others at the business park entered into the research during the process of completing St Angela’s ethical approval. Contact with Sue from St Angela’s education and research team was initially made from necessity but over time, after agreeing to formalise her role in this project she became a research participant and interviewee.

From our initial contact and throughout fieldwork talking to Sue became a safe place to discuss, explore and seek clarification of wider issues which the marketing team could not answer about EOLC and the hospice sector. Sue arranged access during fieldwork to a well-established collection of EOLC

resources held at St Angela's; thus, visiting her office, as well as these resources located on the clinical site of the hospice, created relative familiarity with these parts of the clinical side of the hospice and so added to the research insights. In addition to making and facilitating the connections to networks of further information and empirical material in ethnographic research as described by Neyland (2008), what this knowledge allowed was that when the marketing team needed some clinical information it was through the access which Sue had given, and the use of the resources she had authorised that I could help the team.

4.4.4 Participant observation

The mobility and independence which was experienced in the process of carrying out fieldwork, which in turn shaped the study, was juxtaposed to the marketing team who rarely left their desks or the marketing office and were situated in the office for many hours each day, often only leaving to go to Tesco by car to buy lunch. Thus, at many times fieldwork was comprised mainly of long periods of 'static observation' (Czarniawska, 2008, p. 10) of the marketing team. However, whilst the practice which the team were undertaking might have appeared relatively immobile and fixed in the marketing office, simultaneously the team were very active online, interacting constantly with not just other teams but a variety of different organisations on St Angela's numerous digital platforms; interacting, posting and updating content. Pink (2016) described the digital world as inseparable, constantly changing and an

indistinguishable part of everyday practice; however, what appears to have received less concrete consideration by writers on ethnographic practice is how to engage in the observation of this work in an ethnographic study.

A study by Van Droom (2013) outlined several methodological implications of a researcher using a digital device in an ethnographic study, and the complex ethical issues posed in researcher participant interactions online taking place during fieldwork. In this study what happened was that the practice which I wanted to observe was being conducted online. Thus, in the process of carrying out fieldwork it quickly became apparent that some attempt to incorporate the digital element of marketing practice was vital as observing and recording only what was seen, heard and took place offline in the marketing office represented only part of the team's day-to-day activities for St Angela's (Ruppert et al., 2013). Incorporating the digital aspect of the tasks undertaken in the marketing office had implications for the techniques for recording and documenting the non-verbal activities which comprised much of this ethnography, as collecting artefacts, taking field notes during the day and completing a field journal at other times, was not sufficient. To capture the often-momentary digital aspect of the team's work it became important to consider how best to include this online aspect of practice either in a textual format or represented in the study through an artefact. Here some useful insight into how to capture the, at times, fleeting nature of what was observed in an ethnographic study was explored by Basil (2011). In a critique of the use of photography and video in observational research Basil discussed using photographs to supplement field notes as well as

primary data sources. Drawing on these insights, in this study a representation in the form of a photograph or screen shot was used to capture the digital equipment and social media activity. Following Basil's suggestions these representations aided, prompted and encouraged recall of these aspects of the team's practice in the analysis and writing up process as well as becoming part of the diverse collection of empirical material which resulted from fieldwork.

Wanting to do more than sit, observe and look from some distance at the team and the work they were undertaking, opportunities were taken to become involved in a variety of tasks. For example, updating mailing lists and analysing St Angela's Twitter followers were undertaken from the first day of fieldwork thus trying to become useful and accepted through participating in and contributing to the marketing work being undertaken in the office (Emerson et al., 2011; Hammersley and Atkinson, 2007). Here drawing on the earlier suggestions by Atkinson (2015) of the immersive aspects of ethnographic work, I undertook several quite mundane and physical tasks which had to be undertaken regularly in the office and involved the leaflets, flyers and posters which the team designed and produced. For example, one day several hours were spent putting together 250 give away bags for an event that the team were organising. Significantly, it was during the undertaking of these and other such activities alongside the team that some of the most interesting exchanges about marketing practice at the hospice took place.

Considering how to observe, record and reflect on ethnographic fieldwork and writing, Alvesson (2011) considered that a researcher needs to include elements of 'deconstruction...destabilisation [and] reconstruction, representation and rethinking' (p. 108) in a research approach to challenge the researcher to look further and wider as well as to observe these kinds of inconsistencies and incidents. Indeed, Law (2004) advocated that a researcher should continually be alert to the 'incoherence' (p. 98) in a research setting alongside the practice which is maintained and presented by participants for the researcher to observe and record. In fieldwork when 'the production line' was formed to get a mail-out underway the carefully maintained presentation of 'a marketing team' slipped and broke down. Choosing to volunteer to undertake these quite mundane activities is discussed in the literature in various ways, such as the researcher showing commitment, trying to fit in, but also undertaking such activities to pass the time, especially for an anxious and novice researcher at the often-difficult stage at the beginning of fieldwork (Maginn, 2007). In this study participation had consequences, for example, during the surprisingly physical period in the marketing office when the 'production line' was underway and the team moved away from computers and desks and retuned the radio or played their specially designed playlists from Spotify, some of the most interesting insights into marketing practice, as well as the team's understanding of EOLC, emerged (Alvesson and Kärreman, 2007).

A further consequence of this active participation emerged in relation to my own research practice, as it was in the act of opening boxes and handling

leaflets, flyers, letters and postcards, in this production line type exercise alongside the team, undertaking this unpopular and mundane work, that attention was drawn to this material aspect of marketing practice which might otherwise have been ignored. The mail-outs were, therefore, and in many ways, a welcome antidote to the dominant and digital aspect of the practices of marketing. When the team spent much of their day working away at their computers the participation in the production line helped to reveal further aspects of marketing practice.

4.4.5 Interviews

Participant observation throughout the three months of fieldwork was accompanied by eighteen semi-structured interviews which took place from the third week of fieldwork (Appendix E). A characteristic of interviews conducted as part of an ethnographic study, where knowledge about interviewees themselves and of their work can surface, has recently been described by Silverman (2017) who suggested that the researcher must 'Ignore what you know already about your interviewees. Instead, analyse the identities that they actually invoke (and when they invoke them and with what local consequences)' (p. 154). Focusing on both the situated practice of the team and the performative aspect of what the team were trying to undertake interviews undertaken in this ethnographic study provided another place and opportunity in which to reason about and examine what was being put forward in fieldwork. In other words, in this study interviews provided an occasion to

consider the team's practice, and, at times, what took place in the interview was a very emotional and open discussion about their fears and concerns as well as what they enjoyed about their work.

Originally included in the research design of this study to 'buttress observations' (Bryman and Bell, 2015, p. 498) and bolster field notes before fieldwork started, the interviews were planned around an interview schedule (Appendix F) (Brinkmann, 2013). The planning and structure of interviews was discussed by Brinkmann and Kvale (2015), and certainly in line with their observations first interviews always began in a similarly structured manner focusing and progressing systematically through a series of themes. However, as the interview progressed, and particularly where it was possible to conduct second interviews with some members of marketing, conversations changed. Czarniawska (2014) suggested that in these instances interviews could become more of a discussion about the experiences we had shared in the day-to-day work that was being undertaken in the team and around matters emerging from my participation in the research setting. Here ethnography demonstrates the contribution of this methodology to give time for the researcher to reflect on what is emerging from the field, for example what is being collected as well as observed during fieldwork, and to adjust, as when a theme emerges in fieldwork there is time to pursue this further before fieldwork ends. In this study two interviews were conducted with most members of the marketing team creating an opportunity to return, and return, to several matters.

Interviews in this study were scheduled during the working day; subsequently the only available place or space for interviews during fieldwork at the business park was a series of small rooms that had to be pre-booked. Circling the bank of desks in the main hospice offices, with full length glass windows and very thin partition walls, the interview could be seen and quite possibly heard by those nearest working at their desks. Silverman (2017) reminds the interviewer to consider the rationality of the interviewee suggesting that in an interview the interviewee is continual relating directly to their personal situation and context and this was highly relevant to this project and in this study the relation to place or setting surfaced in several interviews.

An interesting contribution to 'situated' or real time (Weick, 2002) reflexivity of the research participants developed in fieldwork as interviews provided an opportunity for the interviewee to pause, to sit back and to consciously reflect on their environment. Situated in amongst his working environment at St Angela's, in one instance Alan, the CEO, was talking about the lack of pictures of patients in the hospice offices at the business park when he stopped almost mid-sentence, looked around his office and out into the hospice offices as if noticing and realising for the first time that these walls did not actually display such pictures. A similar incident took place when Sarah, the graphic designer, who, right in the middle of the interview, again as if for the first time, re-examined her contribution to the design of the office in which she was sitting at the business park. In her work exploring participant centred reflexivity, Riach (2009) referred to 'sticky moments' (p. 366) in interviews, which she

suggested are moments when participants acknowledge 'their own positionality or biographically created knowledge in relation to dialogue and practice' (ibid). In this study this realisation surfaced amidst the fieldwork interview when suddenly the dialogue caught up with a situation, requiring a pause or 'sticky moment' of personal realisation. Here in the interviews with both Alan and Sarah the idea of a sticky moment materialised from the setting in which the interviews were taking place as the interviewee became aware for the first time of their environment and its relation to what they were saying.

One-to-one interviews were at times a space in which the team discussed their individual struggles. This was described by Czarniawska (2014) as the interviewee trying to interpret their experiences, and for those in more senior positions a place where they could voice concerns in what can at times be the quite isolated experience of leading or managing within an organisation (p. 48-49). Interviewees tried to find and rationalise their place in St Angela's as they set about developing and establishing themselves as well as their work. This was also considered to be the hermeneutic aspect of interviews in that at times exchanges in interviews began to actively empower participants to make and reflect on all that was taking place at the hospice (Silverman, 2017). As such the exchanges in these little rooms were at times mutually generative, producing and triggering further subsequent themes of enquiry to follow in the marketing office after each interview, both for the researcher and also for individuals in their own practice. Thus, the process of exploring themes, beginning analysis and trying to understand what was emerging from fieldwork began in

fieldwork and was not just carried out after observation, participation and interviews had ended.

4.4.6 Documents, photographs and other artefacts

From desk research alongside fieldwork, but also during participant observation in the marketing office, many documents relating to St Angela's activities, but also more generally EOLC, were amassed. Such documents, which in this study were collected during fieldwork, were described by Prior (2014) as conceptual webs (p. 366). Suggested to show the unfolding of a narrative which illuminated issues and revealed some history, or specifically the chronology, characters and plot (p. 367), in this study they gave an account of recent developments in EOLC. The contribution from documents and other textual artefacts such as leaflets and postcards was to provide contextual understanding for what was being observed in fieldwork, as well as the understanding that the hospice did not exist in isolation. The artefacts highlighted the service providers or actors in EOLC, including government, stakeholders and other organisations. The documents contributed to the study both by facilitating the exploration of EOLC and also for verification of what was emerging from the observation and fieldwork in the context of a sector.

The texts which became part of this ethnography study must also be recognised for having a distinct role or part to play, discussed by Rapley (2007) as the way a text can be structured and organised to persuade the reader of its

authority on the issues (p. 113). Thus the variety of resources produced by a wide range of organisations, such as St Angela's, The Department of Health, and Hospice UK, and included in this ethnography must be considered as a range of sources of knowledge and evidence, but they were produced by interested parties thus were not neutral or unbiased. For example, at times these texts revealed subject positions in areas such as what a 'good death' should be or what form of care was provided in hospices as compared to hospitals. Here what was inscribed into a text became important to consider but also what was left out. For example, in the examination of the aspirations of EOLC which the Department of Health set out in their 2008 report it became clear that a full and detailed explanation of resourcing and funding for the EOLC promised by the report was not included.

In addition to the documents and other artefacts collected, several photographs were taken during fieldwork although photographs had not been originally been planned in the design of this study due to issues of anonymity. Therefore, the process of photography in fieldwork began in an opportunistic and somewhat unplanned manner. In part, the purpose of these first few photographs was described by Holm (2014) as being documentary in that their purpose was in part just to record the research setting. However, as fieldwork progressed photographs were taken to capture something which was an important part of practice or had been singled out by someone in the marketing team or had become critical in an observed incident, for example the hospice maps and the wall decorations at the business park which are

discussed in the empirical chapters later in the thesis. Importantly these and the other photographs, which in the end formed part of the empirical material in this study, were always researcher derived; the interpretation or subjective reading of reality was from the perspective of the researcher rather than participants in the study (Holm, 2014, p. 384). Thus, whilst helping to add to the thick description (Geertz, 2001) of the ethnography and to the presentation of the study in this thesis, it is important to reflect that the photographs of the research setting are reflective of the perspective of the researcher.

4.5 Data analysis

The data analysis was conducted so as to draw on aspects of ‘discovery’ as well as interpretation (Brown et al., 2014, p. 3). During the fieldwork this involved ‘noticing, making interpretations and engaging in the action’ (ibid) as I became concerned with comprehending and making sense of what had been recorded or collected. To accomplish this involved drawing on a body of academic theories and concepts to illuminate and ground the observations or to understand what it was that had been documented during fieldwork (Burrell and Morgan, 1979, p. 28). Importantly, in this study the term ‘grounded’ was used with caution and draws on Atkinson’s (2015) suggestions that the researcher was not explicitly using ‘grounded theory’ (Locke, 2001) but approached the field with a level of theoretical and conceptual equipment in which empirical observations were grounded. Discussing the use of abduction

in prolonged engagement with a research setting Alvesson and Sköldberg (2009) suggested that theory is refined, adjusted and an understanding develops as fieldwork continues. Atkinson (2015) called this 'ethnographic abduction' (p. 57), a suggestion made in part to counter the idea that a researcher entered the field with no prior knowledge of what may emerge from the data, or arrived and began fieldwork without theories and concepts which may be useful or aid understanding.

Ethnography is often described as a methodology which is distinguished by the rich descriptiveness of the writing which emerges from undertaking fieldwork; however, what is less well documented is the difficulties for the researcher in combining, analysing and making sense of the vast array of empirical material gathered over weeks and months to produce the finished text (Atkinson, 2015; Neyland, 2008; Zickar and Carter, 2010). Here what emerges is the difficulty in finding an analytical framework which can account for the vast range of empirical material which has been collected in fieldwork, and in particular a study of this nature with its focus on the sociomaterial nature of practice. Consequently, a further characteristic of ethnographic studies is the numerous bits and pieces, in this case ranging from t-shirts to leaflets, alongside the interview recordings and emails, field notes, journal entries and sector reports, comprising the 'mess' of material which is unique to an ethnography. By the end of fieldwork the data corpus consisted of twelve and a half hours of interviews, thirty one photographs, thirteen screen shots, fifty two pages of field notes and forty four miscellaneous items. Thus, the pathway from

fieldwork to rich description involved various procedures or attempts at coding, sorting, analysing and interpreting this collection, iteratively moving backwards and forwards to draw out insights and develop understanding (Alvesson and Sköldbberg, 2009). Thus contributions to create this thesis followed conventions in common with the analysis of qualitative research within an interpretive research design (Spiggle, 1994).

Drawing on the work of Timmermans and Tavory (2012), the way the study was organised allowed for some revisiting, ‘alternative casing’ (p. 177) or working through whilst in the field. Arguing their case for an abductive rather than inductive approach to theory production, Timmermans and Tavory proposed that in ethnography the ‘puzzling out’ (p. 167) processes of making sense of empirical material began as fieldwork was underway, allowing reassessment to take place as the researcher tries out different ways of understanding. In work on how to make or bridge the conceptual leap from data to insights for qualitative researchers, Klag and Langley (2013) showed some support for these ideas in their suggestions of mechanisms during and after fieldwork which can help the researcher in the complex process of generating ideas from their empirical data. Thus, drawing on some of the principles of abduction the process of theorising or forming ideas about what was emerging from fieldwork began whilst continuing to go in and out of St Angela’s, revisiting the fieldwork setting and sustaining a period of close engagement with participants. Here choosing an ethnographic approach is seen to go beyond methodological implications of study design and can be said to have consequences for

stimulating analysis by extending the researcher's theoretical enquires.

Certainly, in this study seeking to return to the field with a better understanding of what was emerging from reading and researching extended the theoretical enquiry during as well as after fieldwork took place.

4.5.1 Data management

As the amount of empirical material being collected grew it became important to put in place a system primarily to manage and store all the empirical material; hence use of a qualitative data analysis software (QDAS) program, NVivo 10, was established during fieldwork. As interviews were undertaken an experienced transcriber was employed to transfer the recordings into texts whilst preserving the features of the interview dialogue such as interruptions or pauses. The process of anonymisation was undertaken at a later stage.

Eventually most of the empirical material was changed into texts and held together in one place and the first stage in handling and organising empirical material in this study had been completed. Because NVivo was used, the natural progression once QDAS was introduced into this study became to begin analysis by using the numerous and accessible tools of the program such as the query facility or 'questioning tool' (Wiredu, 2014, p. 15) which allowed the operator to ask questions and find patterns. For example, the most frequently occurring words across the range of texts in this study were words such as 'opportunity' and 'fundraising'. Here by performing numerous searches and 'queries' (ibid), as well as becoming acquainted with a popular QDAS

program, what emerged was that the expected words, such as marketing and team, were present but alongside words such as Kirsten, work, care and trying. At times a superficial activity generating lists like this was useful as groundwork in preparing for the unexpected to emerge from the data.

4.5.2 Initial data coding

Moving from probing to trying to understand the data, consulting the very detailed explanations of how to undertake coding outlined by Saldana (2013), NVivo was used as the first cycle of coding where words from participant's own language were drawn out representing an idea, theme or concept. Here employing a data driven and electronic open coding method it was hoped to capture the essence of what was being put forward in a text and, from the word or phrase, generate building blocks on which to base and develop analysis (ibid) (Appendix G). An advantage of NVivo was that words such as 'difficult' and 'organise' were appropriate across the range of different texts gathered as empirical material in fieldwork. As this process continued words or phrases prompted deeper thinking, or what Gibbs (2007) described as the data 'waving the red flag' (p. 51). For example, when the marketing request form was discussed or GPs were mentioned by Nikki, the marketing assistant, here it was necessary to stop, think and divert into other empirical material to address what had been raised. Having completed the NVivo coding of all field notes, interviews and documents, representing quite a complicated exchange or discussion in just a few phrases, my overwhelming feeling was that the

procedure had been more reductionist than generative. Importantly aspects of what had been collected in fieldwork were being excluded because not all empirical material could be coded. This led to a growing sense of feeling distant from the data and discomfort about relying on the coding aptly representing what had emerged from participation and observation. Hence, NVivo was ultimately abandoned.

4.5.3 Data analysis after abandoning NVivo

Reverting to a more manual immersion in data trying to achieve thematic analysis involved repeatedly rereading field notes, policy reports and documents whilst listening to interviews again and again. In particular through rereading the complex government policies the aim was to understand what it was that had become inscribed in their texts. Whilst efficient and 'clean', an issue of QDAS in this study was that it could not include everything, all the leaflets, postcards and other artefacts and things, collected in fieldwork. Therefore, despite having all the interviews transcribed into text and coded in NVivo, on reflection analysis began not through the rereading and coding of transcripts but through listening to the interviews, rereading texts, handling the things from the fieldwork box and achieving immersion in the data in this way. Silverman (2017) also favoured this as a method as opposed to what he described as 'the line by line analysis' (p. 154) proposing that listening can provide a more holistic approach to taking in the whole interview in analysis. Certainly, in the struggle to be able to show the integrity of those encountered

in the course of undertaking ethnographic work, and in particular reflect the emotion and passion which at times the team showed when explaining how difficult they were finding trying to carry out their work at St Angela's, listening to rather than reading the interviews proved more illuminating. Rather than reducing the data into words and phrases it became important to build up from the data, in part engaging in the iterative process or constant comparative method associated with, but not equivalent to, the building of grounded theory (Charmaz, 2014).

Returning time and time again to the empirical material and re-examining the 'red flag' waving incidents in the data these events were written up into short passages. For example, to understand the current context of EOLC it was important to draw together documents, interviews and observation, here drawing on Alvesson and Kärreman (2007, 2011). In their work on 'mystery' in qualitative research Alvesson and Kärreman proposed the writing process as a tool for synthesis which allowed other ideas to be drawn in from several documents, such as the reports and policy, to illuminate and help understand the empirical material collected in the field. This method of 'writing out' also draws on the idea of 'in-between writing' (Coles and Thompson, 2016), described as a cycle of writing, writing, then reading and then writing more, or writing as thinking and rethinking (ibid). In particular Coles and Thompson discussed the suggestion of writing descriptions from fieldwork in which other texts were brought in and included a method which was used in their own work when writing about education but which had been illuminated by

drawing in elements of relevant policy and reports. Cole and Thompson helpfully explained a process that in this study was used to take account of the policy documents which had been collected in the desk work part of fieldwork. Here what developed was a way not only to connect fieldwork to a wider sector but also to achieve harmony amongst the people and the things by gradually incorporating texts and interview data, balancing the material and human elements of the research setting.

Synthesis of the disparate collection of empirical material was achieved through considering the suggestion of focusing on sketching a description of a vignette, a 'snap shot, episode or a slice of life' (Emerson and Pollner, 2001, p. 77). This process was considered by Geertz (2001) in his work on writing accounts of research as the process of 'turn[ing] it from a passing event, which exists only in its own moment of occurrence, into an account, which exists in its inscriptions and can be re consulted' (p. 67). A vignette was a further way to make sense of what had been recorded in field notes about episodes or incidents which had occurred in the marketing office and was very helpful in bringing the observational part of ethnography into the thesis whilst furthermore contracting some of the dominance from interviews.

Writing vignettes was helpful when considering the tensions between the different teams at St Angela's and the strains between clinical and non-clinical roles. Further support for this technique comes from Alvesson and Kärreman (2007) who urged the researcher to examine incidents and the friction, tensions or breakdowns as these points are where reason and rational process

may not be apparent, and they suggested this was where the interesting work begins for the researcher in trying to understand what insight might be drawn (p. 1266). Certainly, it was such incidents which, hurriedly scribbled down whilst in action during fieldwork, ultimately, and with careful analysis, became the most insightful in particular in the examination of what was difficult for the team to accomplish in their practice.

Both in-between writing and vignettes offer techniques which are particularly useful for including the 'silent voices' (Blanchet and Depeyre, 2015, p. 47) of the often missed or discounted empirical material which, as discussed earlier in this chapter, is offered in the methodological choice of ethnography, can be relatively easily collected during fieldwork but is often missing or underrepresented in the final written account of a study. Thus, the process of transcending from analysis to theoretical insights began here and as this writing happened in these circumstances or conditions, through these ways of bringing everything together, connections to concepts, ideas and theories became clearer (Klag and Langley, 2013).

4.6 Researcher reflexivity

How the researcher shapes the research process can be considered in two ways, firstly how the researcher's behaviour impacts on their research practice, for example choice of research methods and consequences in fieldwork, which has in part been addressed within the earlier explanations of negotiations for research access. Secondly, reflexivity is concerned with a consideration of the researcher's own beliefs and lived experience, or what Johnson and Duberley (2000) identified as 'epistemic reflexivity' (p. 178); views, values as well as knowledge which the researcher holds about themselves, and at times others, and brings into their research practice and the fieldwork setting. Whilst the researcher cannot, in reality, leave their life experience behind or exclude this from fieldwork, reflexivity is concerned with declaring and discussing what, as well as how, the life experience of the researcher may impact and influence their practice. In this study an example of epistemic reflexivity and a major personal challenge was to set aside my own preconceived ideas and experience of the practice of marketing. Having previously employed some knowledge about marketing practice to help smooth negotiations with Kirsten and to gain the access to St Angela's, as fieldwork began it was important to try to regain a more partial position once situated within the marketing team (Coffey, 1999). Interestingly, in contrast to the marketing knowledge, little was known about hospices or EOLC, and I had only visited a hospice retail shop. Indeed, in many ways in this aspect my experience was very like that of the marketing team, further complicating my position as researcher.

During fieldwork, epistemic reflexivity surfaced within the relationships with respondents; how I engaged with those with whom I was in the closest proximity, what ‘came out’ during our frequent discussions in the office as well as in more private conversations in and around the one-to-one interviews. This was initially explored in work by Fine (1994) in which she examined the ‘hyphen’ which she saw as representing space wherein the distance as well as relationship between research and research participants should be considered. It was more recently described as ‘hyphen-spaces’ (Cunliffe and Karunanayake, 2013, p. 367) and conceptualised as the ‘fluid relational spaces’ (ibid, p. 368) between oneself as the researcher and the respondents, and here the relationships held between the researcher and researched are proposed as changing or fluctuating raising the need for constant attention to how the researcher is perceived and what they may impart or bring into fieldwork. For example, in this study my relationship was always changing. In one-to-one interviews I could either be the ‘honorary friend’ (Coffey, 1999, p. 37) or confidant. When the marketing team asked for advice, I could become ‘a superior authority or expert...bring[ing] attributes and possessions useful to [marketing]’ (Emerson and Pollner, 2001, p. 244) and when people asked about the PhD thesis it seemed I became a representative of the academic field of marketing or the ‘alien planet’ (Wacquant, 2005, p. 449) of the academic marketing world. So here rather than occupying one position with associated values and understanding there was a need for continually reassembling, deploying and subsequently reflecting on a shifting position.

A further important aspect of reflexivity which characterises ethnographies relates to the involvement in the research setting by the researcher, a consequence of the, at times, lengthy duration of fieldwork. The consequences of participating in the life of marketing in the marketing office, being together with the team for eight hours a day made it hard to achieve distance or move away to get detachment. In this study once fieldwork began it became difficult not to become involved and drawn into the day-to-day work of the team. Despite at times having to refrain from intervening to help the team over time, as work progressed from undertaking menial tasks to becoming engaged in more strategic and long-term projects, such as considering how to publicise education and training events within the local NHS hospital or how best to engage with GPs; thus I became involved in contributing to the marketing work of the team (Maginn, 2007).

Retaining objectivity was important not just to be able to reflect after fieldwork but whilst it was taking place and was discussed by Weick (2002) in his consideration of real time reflexivity. Concerned with a lack of distance, solo lunchtime walks around the business park were engineered, as well as frequent trips to wash up mugs and make the team cups of tea in the small galley kitchen away from the marketing office. These provided a brief respite, a time to make fieldwork journal entries but also a time of some reflection amidst fieldwork. This physical removal and resulting detachment, even if only temporary, proved to be an important time and place in which to reflect on the experience as well as reconstruct my relationship paying attention to

maintaining objectivity and subjectivity with participants in the research setting.

4.7 Ethical procedures and limitations of the study

Following established and recognised ethical principles that exemplified good as well as correct practice in research, a series of procedures were undertaken before the study began (Hammersley and Traianou, 2012; Bryman and Bell, 2015). Consent to undertake research was required from both the University of Essex and St Angela's hospice. St Angela's ethical committee required a detailed proposal (Appendix H), as well as submission of several supporting documents (Appendix C, D), a process which was overseen by Sue in Education and Research who was the ethical officer for the hospice. In addition, attendance was required at an ethical approval meeting with a supervisor in March 2015 to explain the proposal and answer questions from members of the hospice's ethics committee. This took place concurrently with fulfilling requirements to comply with the ethical approval process of the University of Essex (Appendix I). At the end of this process approval was given by both the university and the hospice for fieldwork to be undertaken (Appendix J).

Once research had begun some of the more complex and less obvious aspects of conducting research ethically emerged. Firstly, as I began to travel outside the office, attending events and meetings, many people, who, unlike the

marketing team, had not signed the participant consent became involved somewhat passively in the study raising questions regarding informed consent. For example, at times observation inadvertently became covert in meetings and at events, such as the CEO presentations where I was observing and recording contributions from the audience. Here, after further discussions with Sue, it was agreed that if anonymised the 'participation' and contribution from people at these events had been included in the overall consent by St Angela's for research to take place. A further and more complex aspect emerged from the virtual and digital elements of fieldwork. Here, online, there was the possibility to act covertly, and, significantly, this included the observing and monitoring of the activities I was undertaking whilst in the field as well as it emerged members of the hospice were choosing to engage with my interactions on social media sites during fieldwork. Whilst the field of computer mediated communication is beyond the scope of this enquiry, and issues of alignment and the construction and maintenance of identities are covered in detail by academics such as Zappavigna (2013), the digital aspect of ethnographies requires significant consideration. For example, how to incorporate this very far reaching aspect of ethnographic work into research whilst still engaging ethically with the process of research being carried out which incorporates this virtual aspect must be considered.

Boundaries of both the field of enquiry and the research itself have been previously outlined in this chapter, accordingly in this ethnography clinical areas of the organisation remained beyond the scope of this project throughout

the fieldwork, both in terms of face-to-face interactions and engagement online. To engage and include the patients, families and staff who were located at the inpatient unit would have required complex medical ethical approval to be undertaken, and this was always considered to be beyond the scope of investigating marketing practices at St Angela's. It can be noted that whilst the ethnography spread as marketing practice was followed and further participants enrolled and encountered, this part of the organisation continued to remain excluded from the study.

4.8 Chapter summary

This chapter has focused on detailing and evaluating the research methods and design adopted not only in the planning of this study but as the research continued over and after the three-month period of fieldwork. The methodology for this study reflected the epistemological commitments of the thesis to include both the humans and things involved in marketing practice and consequently, a large collection of empirical material generated some difficulties and the combining, analysing and interpreting of this array of material was shown to be problematic.

Ethnography was chosen to allow a range of methods to be employed and to collect as much as possible of what constituted marketing practice at St Angela's, however, in addition what emerged in fieldwork was implicitly linked

to the wider themes being examined in this thesis. Consequently, at times fieldwork practice struggled with a lack of clear boundaries of practices, areas of responsibility and the teams understanding of their own operations. Thus, fieldwork was challenging as teams at the hospice tried to undertake work in an organisation and a sector which was changing. The next chapter is the first of three chapters which will present and discuss the empirical material collected in the study.

Chapter Five

Towards Organising End of Life Care as a Market

Introduction

This first empirical chapter explores how the macro environment was changing, the impact on EOLC and more specifically the implications for St Angela's in their day-to-day operations as well as future strategic planning. Beginning by exploring the wider context of care of the terminally ill, matters such as public debates, systems of measurement and government policies are shown to play a role in shaping the care of those who are at the end of their lives in England. Using key policy source documents (Appendix B) to outline the actors that feature in these guidelines the roles and effects of different stakeholders in EOLC emerges. Consequently, the part which St Angela's might play in this emergent landscape is considered through a range of views from key actors at the hospice such as Kirsten, the Head of Marketing, Alan, the CEO, Eleanor, the leader of the Business Strategy Team, and Sue, an Education and Research Officer. The empirical examination in this chapter shows that as St Angela's began to prepare to secure and maintain a position in EOLC the hospice was changing, becoming more business-than hospice-like, and as part of this shift those at the hospice were deliberating about the EOLC which would be provided by St Angela's in the future.

As shown in Chapter Three, EOLC is a topic which potentially concerns all, and is of an evocative nature; therefore as a societal concern it is not difficult to convince stakeholders of the importance and that 'more needs to be done'. The aim of this chapter is to show how the sector was being configured by illuminating some of the hidden processes which were structuring EOLC, the different actors who were influencing what was forming and what was emerging as a central focus. Building on the literature in Chapter Two, within the academic study of the marketisation of a sector of society these activities are proposed as the beginnings of 'organising' (Callon, 2015). This chapter illuminates the configurations taking place as market actors struggle to arrive at a universally agreed and central focus for EOLC.

5.1 Dying matters

Publishing what has become a key policy document, the 2008 first national 'End of Life Care Strategy' (EOLCS), the government of 2005-2010 laid out its vision to promote high quality care for adults at the end of their lives in England (Department of Health, 2008). The report was the first coordinated and wide-reaching attempt to organise care of the dying and outlined the necessity for an individual to have access to different options of EOLC.

Drawing together research, surveys and consultations from a range of individuals and organisations, including hospices, it then set out a framework and resources for future provision of EOLC. What materialised from this report

was that NHS hospitals, GPs and hospices have been identified as some of the EOLC providers, and, although a somewhat disparate group of organisations with a range of approaches to EOLC, they were, nevertheless, emerging as the first grouping of actors in EOLC. Additionally, these documents facilitated important roles in shaping EOLC in England for further groups of actors in EOLC, such as government, patients and their families, who in turn began to exert some influence.

Alongside this systematic approach to organising the care of the dying in England the report outlined a very specific view of a terminally ill individual. Significantly, this first national EOLC strategy required an individual at the end of their life to be independent as well as informed; consequently, the ‘success’ of this strategy was dependent on a range of highly regarded alternatives in EOLC becoming widely available. Hospices, as well as the palliative care which they championed, featured most prominently and positively throughout the EOLCS (Department of Health, 2008). Notably, the aforementioned quotation from Saunders was featured on the front cover, seemingly endorsing and lending her own ratification, as well as that of hospices, of the report and this government initiative. Notably, whilst outlining some of the organisations who were involved in EOLC, such as NHS hospitals and residential care homes, hospices were set out as the benchmark for EOLC. Drawing on one of the core hospice values of a more holistic approach to care of the terminally ill, the report introduced a focus on communication and preparation as additional principles for a universal EOLC system, again core characteristics of hospice

care. Making a clear connection between patient readiness, in areas such as deciding where to die and choosing care, and what was considered as a good end to life the first EOLCS elevated hospices to a leading position in EOLC giving opportunities for hospices to both expand their roles and influence future EOLC provision.

Amongst the many reports on EOLC which followed the first EOLCS, the 'Dying without Dignity' (2015) report by the Parliamentary and Health Service Ombudsman gained widespread coverage. Published by the body responsible for investigating complaints about the NHS, this report caught the attention of the public, perhaps because it stated very clearly, and gave the public clear evidence of, the lack of improvements and the difficulties with EOLC in England. Occupying the media for several days in May 2015, this 27-page report prompted items such as: 'Thousands of dying patients are being let down by poor end-of-life care provision' (BBC, 2015) and 'Many suffered unnecessarily in their final days through lack of pain relief, others were denied their wish to die at home or missed chance to say goodbye' (Cohen, 2015). This report was compiled to be representative of an undisclosed number of complaints made about the NHS regarding the publicly funded EOLC provided by the state. Building six key themes, including poor symptom control, poor communication and poor care planning (Parliamentary and Health Service Ombudsman, 2015, p. 2-3), the report was notable in revealing very clearly not only the EOLC which was actually being provided, but the capriciousness of death and the dying process.

Somewhat uncomfortably, 'Dying without Dignity' (Parliamentary and Health Service Ombudsman, 2015) powerfully presented twelve very personal stories of anguish and distress, highlighting serious areas of concern, all of which fell under the responsibility of the NHS. Presenting a series of 'failures' the report stated that 'the experiences of people who are dying and their loved ones of the care provided by the NHS is a recurring theme in complaints' (p. 4). Thus, the report revealed publicly the actual experiences of people at the end of their lives and the EOLC provided by GPs, as well as in NHS hospitals. Significantly, this report was very different to the policy documents produced by the 2005-2010 government, providing stark factual accounts from families of the challenges they faced in securing appropriate EOLC, and thus questioning the provision of EOLC by publicly resourced providers, such as NHS hospitals. Whilst the 2008 EOLCS had set out a political vision, 'Dying without Dignity' underlined the current challenges in EOLC: continuing limited availability, lack of choices and poor coordination of services for the terminally ill at the end of their lives. Here the normalising which was being introduced or the institutionalising of rules and standards for EOLC through the reports and policy documents had been disrupted with the publication of the 'Dying without Dignity' report.

The policies, guidelines and frameworks contained in EOLC documents played a role firstly in introducing the proposition and the possibility of a better death, and secondly in pronouncing EOLC as a sector in need of examination and regulation, introducing, then maintaining measures and comparison between

different EOLC providers to improve the care of the terminally ill. Outlining this enhancement of EOLC as the central focus of the initiatives launched by the government, this body of EOLC policy documents and reports focused public attention on how EOLC was currently organised and provided in England. The policy documents reiterated above can be understood here as artefacts which once produced continued to circulate influencing this developing sector and organising of a market. Furthermore, if death and dying was a difficult, complex and a somewhat unintelligible area for government intervention or public debate, here, through these reports, documents and newspaper articles, the care of people at the end of their lives was becoming, first, a less impenetrable area for policy and public debate and, second, an area associated with a particular vocabulary and set of meanings.

A specific accomplishment in which these ‘artefacts’ played a part was to raise the question of what was considered as a good death, or the achievement of a better death. As an ideal in EOLC this achievement was emerging as central in how the sector was organised and, significantly, to organisations who wanted to be seen or judged to be successful in this aspect of EOLC. A debate in the House of Commons some months after the publication of ‘Dying without Dignity’ concluded that hospices should be central in a new national strategy and increased investment in EOLC (House of Commons, 2015). In this debate, hospices were regarded as particularly ‘effective’ in helping their patients to ‘die well’, the popular public perception of a good death. Accordingly, what was emerging, based on the idea of an ideal death, was that hospices, such as St

Angela's, had been offered an opportunity to influence or re-establish their authority in EOLC at a time when other EOLC settings, such as hospitals, were poorly regarded by the public. Consequently, addressing this central focus, hospices had the choice to promote aspects such as the increasing demand for better EOLC and their own proficiency at solving this 'problem' of poor care by other providers.

Such discussions established the idea of a good death and shaped ensuing debates about the provision of appropriate EOLC in which hospices had the opportunity to play a more central role in delivery. Through this influencing position in the provision which was emerging, hospices were thus becoming key actors in a developing sector. However, to achieve such ambitions St Angela's was going to need to secure public funding, possibly through competing against, or collaborating with, other EOLC providers. This meant needing to come to terms with the changing situation in EOLC, what this might mean for the services provided by individual hospices within the sector, and how it would change St Angela's place alongside other EOLC providers.

5.2 Re-presenting a hospice

In this emergent sector, Alan, the CEO of St Angela's hospice, wanted St Angela's to play an active role in improving the treatment of the terminally ill and to become more visibly involved in enhancing conditions in EOLC locally. Reflecting the wider national configuration of EOLC, St Angela's was a relatively small provider alongside much bigger organisations, such as the local NHS hospital. As such St Angela's was just one of several organisations amongst a group providing EOLC in this area of England. Within the local configuration of EOLC, Alan's approach was to purposely disregard geographic and other constraints which might have affected the hospice, and instead he encouraged the teams and individuals at the hospice to look beyond the local boundary conditions, considering how their work could contribute on a wider, regional and national level:

I want us to have a big contribution to the regional and the national agenda because I think that becomes reinforcing if you like. So I think it makes it easier to sustain doing different things locally if it's more accepted and it's part of a national picture ... So I think if you just focused on doing something radically different locally, without paying attention to that wider debate and wider discussion, then I think the danger is you become isolated and seen as an outlier; whereas I think what I'm keen to do is that we want to be pushing the boundaries, but we don't want to be an outlier. We want to be part of the vanguard of

collective organisations It also reinforces people's thinking locally that they like to be contacted and asked for their advice and like other people to come and visit and learn from us, and that reinforces their esteem and sense of what we're doing is valuable (Alan, Interview, 9th June 2015).

Challenging and encouraging teams as well as individuals not to be constrained by current conditions at St Angela's was instrumental in Alan's future for St Angela's. Making connections between what was being undertaken at the hospice and the wider and ongoing societal debates about EOLC was a route for Alan to reposition St Angela's. Situating St Angela's as part of the hospice sector and connecting the care provided to the wider principles of palliative care, an advantage was given to St Angela's over other local EOLC providers. However, locating St Angela's in this way was not always the arrangement which Alan chose because, whilst he wanted to draw on the favourable public sentiment surrounding the hospice and other hospices, he was also using the changing context in which St Angela's operated to advocate and justify a reconsideration of the role which the hospice played in EOLC. Here what can be seen is that the shaping of EOLC is beginning to be interrelated to the organisations, or actors, who are themselves involved in negotiating their positions within a sector. It is the consequences of the choices and practices which such organisations decide to employ that will ultimately form the sector.

Whilst Alan may have advocated for teams to undertake new activities, which he hoped might place the hospice in a more prominent position locally as well as nationally, Kirsten, in the newly formed and resourced marketing team, needed to address her confusion about the overall purpose of St Angela's before realising Alan's aspirations within her day-to-day practices. 'Weighing up' the different options, her main concern was what St Angela's needed to undertake to maintain a place and role in EOLC locally. Kirsten saw the current situation in EOLC as one of increasing demand and shifting attitudes and questioned whether the type of EOLC which St Angela's was providing and the activities being undertaken needed to change to remain relevant:

So where do we step in? Do we stay this specialist as an organisation, say "we just give this specialist care", or do we try and help more people? And how do we do that? We're a registered charity; we're independent; we can offer the care that we want and we can sit in this bubble and we can do what we need to do. But actually, the world around us is changing, and the healthcare arena is changing... what we're doing at the moment is we're trying to establish what the problem is. So what's the problem that we are there to solve or fix? Is the problem that there is lots of unmet need in our area? And actually, if the problem is that there is unmet need, we should be throwing absolutely everything at that problem to try and solve that problem (Kirsten, Interview, 20th May 2015).

The principles and practices to which the hospice adhered were being interrogated with resulting questioning by Kirsten of the practices which she and her new team should be undertaking. Kirsten's deliberations highlighted a conflicting or unresolved issue at St Angela's. A problem was that, whilst Kirsten's thoughts centred around whether it was possible for St Angela's to continue to remain independent and separated from the local system of health and social care provision, Alan had encouraged some alignment with other EOLC organisations, at least to achieve his ambitions of St Angela's leading or advancing EOLC locally.

In Alan and Kirsten's considerations what becomes apparent is that, perhaps for the first time, an awareness and, subsequently, an examination of other EOLC providers revealed some sector rivalry, something which as a hospice, and therefore occupying a somewhat separated and revered position, St Angela's had not previously experienced. In differing ways, perhaps reflecting their individual experiences and distinct roles at St Angela's, both Alan and Kirsten were actively undertaking an examination of other EOLC providers and, in so doing, considering a place and role for St Angela's within this sector landscape. This involved the interrogation of the relevance and effectiveness of the existing hospice model and prevailing principles and values to which St Angela's had historically subscribed.

If St Angela's was to be part of a group of EOLC providers in a sector which was changing, undertaking activities which would ensure St Angela's secured and

maintained a prominent position amongst this existing group of EOLC providers was becoming increasingly important. Making a comparison between St Angela's and other potentially competing hospices, Alan considered the diminishing influence of some other hospices within their local areas, but, significantly, Alan approached the issues which Kirsten had raised about the sustainability of the current model of hospice care as an opportunity for St Angela's, rather than a difficulty:

And what frustrates me is that a lot of hospices, for whatever reason, either don't see the potential or aren't willing to take some of the risks associated with that. So I've worried less about whether what we're doing is typical of being a hospice or not; I think it's much more about, actually, the hospice is about a particular population that you're targeting. It's a particular ethos, but actually, anything goes in terms of how we deliver that. And if we're truly being true to our founding principles, then we should be actually acting in that spirit, even if that means dismantling or doing something completely different (Alan, Interview, 9th June 2015).

Actively supporting and reinforcing his view that some hospices were not entrepreneurial enough, within a passionately delivered description of what he saw as the problem with some hospices, Alan expressed frustration that other hospices were unable to see the potential which he believed existed for hospices in EOLC. Furthermore, unlike St Angela's, he described these other

hospices as unwilling and ill-prepared to take risks. Again, seeing the possibility of St Angela's 'doing things differently' to other hospices, Alan outlined a view which supported a more daring approach whereby painful decisions were made such as a reworking of the traditional model of hospices. Referencing the founding principles of the hospice, Alan was careful to centre his aspirations around a necessity to meet EOLC needs, continually re-centring his objectives and aspirations for St Angela's to align with what he spoke of as the universal focus of EOLC. His focus could be considered as calculated, moreover, to distinguish the expertise which hospices have, or are perceived to have, in EOLC. As such, even as Alan considered changes to St Angela's, he was ensuring that the hospice could continue to be considered as the solution to the EOLC problem he was outlining. In doing so his views were both reflective of and connected to the debate taking place in the public domain as discussed earlier: that the sector needed to introduce some form of change.

5.2.1 Introducing a Business Strategy Team

Actively preparing St Angela's to compete in the hospice landscape, Alan had added new areas to the organisation to ensure that St Angela's was well equipped to compete with other EOLC providers. Whilst clearly justifying his actions in the context of the founding principles of hospice care and defending his activities by citing an increased demand for EOLC, what emerges is the importance of a further set of principles or values which are more business-like than hospice-like. Specifically, Alan saw a danger in St Angela's remaining

static and satisfied with, or continuing to seek affirmation in, the fulfilment of traditional hospice principles, and he suggested that this was an outdated model of operating:

When I first got here, made a deliberate point of, as well as being a charity, we're also a business and that actually we need to adopt the best of business thinking and business approaches to deliver our charitable objectives. So, for example, we went for the deliberately provocative job title of Director of Business Strategy³, because I couldn't think of two less hospice-y words. So I thought, "Let's stick them together and that'll get people thinking a bit differently." So there was an intention to be a bit provocative and to challenge existing complacencies and existing ways of doing things, because I think one of the downsides of hospices is that they get overwhelmed with positive anecdotal, qualitative feedback, and therefore don't necessarily dig beneath that. Because why would you if you're constantly being called an "angel" and whatever? Why would you question your productivity or your ...? (Alan, Interview, 9th June 2015).

Contained within Alan's vision is a different approach which he used to describe the actions he was undertaking and which he saw as less typical of organisations such as hospices. Establishing the role of a business strategy team, led by Eleanor, Alan argued that St Angela's was a progressive hospice.

³ The title has been slightly altered to preserve anonymity.

Here he was addressing the wider representation of St Angela's within the sector and, through the creation of this new team within the hospice, formalising his intention to distance St Angela's from other hospices, taking a key step to align St Angela's with other types of charitable, profit, and not-for-profit organisations. Significantly, Eleanor, had experience of working as a clinical commissioner rather than any specific knowledge in EOLC; thus, in this appointment Alan saw Eleanor's broader understanding of the entire healthcare sector as more useful than a specific understanding of hospices or EOLC.

The rationale for bringing Eleanor into the organisation and establishing this additional business strategy team, were unclear to others at St Angela's who were less sure of the purpose of this additional team. Regarded with some reverence by individuals around the hospice, it transpired that, despite Eleanor's frequent visits to the marketing office, individuals in marketing could not explain the work Eleanor was undertaking at St Angela's. Indeed, as I recorded in my field notes, Eleanor's activities were considered as unusual activities to be undertaken by a hospice as Nikki, the Marketing Assistant, explained:

Like the business strategy team: I had no idea that the hospice had anything ... I had no idea that the hospice was working towards other projects as well, like national projects and stuff like that We are

actually developing new sort of schemes of care and stuff (Nikki, Interview, 16th June 2015).

Here, whilst Nikki was becoming aware that St Angela's was involved in new projects, the detail was not being discussed widely or openly within teams at the hospice, such as marketing. Eleanor explained the role in her interview, as she outlined a focus on mainly project management, but also hinted that her job had extended to working with other local EOLC providers. Eleanor saw her activities and Alan's ambitions for St Angela's as unexceptional as she talked about the range of activities she was undertaking across the hospice, placing these projects in the context of an organisation intending to try to extend its influence and associations within an emergent landscape. Eleanor was unaware, indeed, unconcerned as to whether her role of partnering hospices, supporting bids and becoming involved in acquiring funding was replicated in other hospices:

So it's very much about the hospice being able to have control over – or a greater control over – quality of end of life services, which makes perfect sense. So we have the contract with The J's Hospice, Marie Curie, possibly in the future we'll have one with Macmillan – but it's a little bit different with Macmillan at the moment – and obviously the GP practices as well. So the idea is, from the CCG [Clinical Commissioning Group], that actually they give us all the money that's spent on end of

life care, other than one little element of it, and we manage that pot of money and how it's spent (Eleanor, Interview, 20th July 2015).

Seeing this as exerting some 'control' over aspects of quality and the range of service provision in EOLC, here Eleanor is, as Alan had, framing St Angela's activities in a way which shows the hospice playing a part in improving EOLC locally. Drawing on her previous experience in healthcare commissioning, Eleanor was quietly building a smaller network of EOLC providers, trying to secure additional funding for the hospice whilst working to develop productive associations with specific EOLC providers in the local area. Here what Eleanor termed control can be described as the small ways in which St Angela's was becoming active in organising a very small part of EOLC provision in the local area. Thus, in fashioning a group of EOLC providers, St Angela's would gain more influence and authority amongst the group of existing and often larger EOLC providers.

At times the business strategy team and Eleanor's role appeared to be undertaken somewhat covertly, for instance when she came into the marketing offices and talked only and quite furtively to Kirsten, as noted during the fieldwork. Whether intentionally clandestine, or just misunderstood by other teams at St Angela's, who, like Nikki, might have been surprised to discover that a hospice was undertaking such activities, the confusion surrounding what Eleanor and her team were undertaking was problematic. Eleanor needed to get on with undertaking activities which, at times, required working with other

hospice teams. In Eleanor's work a need emerged to justify Alan's sponsorship of this new role and team. Eleanor explained a want to be productive and effective; however, she expressed her concerns with how the new practices and activities being undertaken in areas such as business strategy might be viewed by other teams at St Angela's:

I think there's a danger of the clinical staff seeing us over here just sitting in a cosy ivory tower, and them doing the direct patient care (Eleanor, Interview, 20th July 2015).

Eleanor saw a risk in what she was undertaking, citing her role as a contributory factor in the contrast between jobs such as hers, which were developing new and different activities for St Angela's, and other clinical teams who continued to engage in the existing activities of EOLC. Furthermore, in contrast to the somewhat risky and experimental activities, such as business strategy development, at the business park, the activities dealing with death and dying, which were complex and difficult, remained at the inpatient unit. Whilst Alan had made several changes at the business park, which had affected the work of the non-clinical teams, the clinical teams at the hospice were continuing their work in the same way. Thus, Eleanor saw her role as exacerbating a separation of St Angela's into clinical and non-clinical teams which emerges here as less about the configuration of people into buildings at different geographical locations but more about the nature of the work being undertaken. As one part of the hospice considered changes to its activities and

practices, embracing a business-like approach and principles, the other continued to focus on ideals based around the longstanding hospice tradition of palliative care.

5.3 A new physical setting

If Eleanor's appointment had been tentative and low key, possibly reflecting a certain cautiousness, the office redesign at the business park was, comparatively, a fast, explicit and bold expression of intent or purpose initiated by Alan. With ambitions to introduce or adopt a business-like approach, whilst delivering the charitable objectives of a hospice, Alan had instigated changes in St Angela's office space recently acquired at a business park. He wanted this site to be considered as an appropriate business-like setting where the day-to-day activities of teams such as marketing and finance would take place alongside business pitches, consultations and presentations (Image 1, p. 170).



(Image 1, Open plan offices, St Angela's hospice, Business Park, 23rd June 2015)

Whilst the clinical teams were restricted to an older established building, which limited the décor and arrangement of teams working at this site, the new and blank location at the business park was an opportunity to consider a new presentation of the non-clinical teams and of St Angela's:

I think, I did a lot of work on that as well, really. I just said that I wanted it to look ... We did look at – we went and visited Google and stuff, and some of those other offices, and decided we didn't feel that we wanted to be artificially quirky, but we did want bright, light ... I was influenced ... I insisted on white desks because of the way that they reflected the light, and also having seen other hospices where they had gone to open plan but they'd done a hodgepodge of donated desks, so you had desks

of different colours and sizes next to each other, and filing cabinets ... I was not having any of that. So I wanted it to be clean, light, bright, positive. So those elements of a Google-type environment (Alan, Interview, 9th June 2015).

Achieving the presentation for the new building had involved balancing the design for the new offices between discounting what might be considered as too 'unusual' for hospice offices, whilst at the same time avoiding anything which Alan felt was too evocative of a charity. Alan wanted the office to present the professional appearance of a changing hospice organisation and, seeking inspiration from Google's offices, used the new décor to distance St Angela's from the 'making do' and the second-hand nature of some hospices and several local charities which Alan had also visited during the period of his refurbishment considerations. Consequently, the new offices could be considered as both aligned to and emulating a different type of organisation and to show the hospice as less hospice-like and more progressive. The office design was more like the workplaces of a healthcare provider, such as an NHS hospital, where administration takes place in offices away from the sites where care is delivered. St Angela's was being presented to conform more closely to a compartmentalised model of care provision where what is involved in the reality of providing care remains external to the day-to-day activities of teams such as marketing and finance and does not interrupt the 'business' of running a hospice.

The ethos of the office (re)design contributed both to the separation of functions or areas at St Angela's and also to the active representation of the hospice which they made at this new site. Offices at the business park were described by the marketing team as 'Positive, hopeful and upbeat' (Field notes, 2nd June 2015 and 7th June 2015). In this way the ambiance created at the business site was, in many ways, in keeping with the optimistic tone of the clinical areas of St Angela's; however, the business park offices were also a newly purposeful setting making a contemporary and further representation of St Angela's, contrasting with the old fashioned and comfortably furnished, homely inpatient unit (Field journal, 11th May 2015).

Slightly incongruously, the offices at the business park were uniformly devoid of any pictures or images of terminally ill patients, their families, the inpatient unit or the hospice day centres. Bright white desks were accompanied by branded walls, many of which, using a palette of colours brought together for designing leaflets by Sarah, St Angela's in-house Graphic Designer, were decorated with infographics made from a series of words. In the new offices at the business park the work of St Angela's was represented through words such as 'local, expert, better, life' (Field notes, 9th June 2015) (Image 2 p. 173), rather than pictures of patients, families or clinical staff, all of whom remained absent from the business park (Field notes, 5th May 2015). Accordingly, the new office furniture and branded walls were more than a presentation of St Angela's as a contemporary business organisation ensuring that these offices were very different to the traditional model of a hospice. Here at the business park death

and dying seemed to have been simplified and repacked to make it a less depressing and difficult area to work within.



(Image 2, Meeting room, St Angela's hospice, Business Park, 23rd June 2015)

Disconnected from the patients, families and clinicians the business park offices presented a palatable, modern version of a hospice. The design of the offices made it possible for individuals from a range of organisations, such as web designers and leaflet printers, to visit St Angela's in an easy and relatively uncomplicated manner, to arrive, conduct business and leave without encountering, being reminded of or needing to engage with the very difficult, complex and emotional topic of death and dying. This raises important questions about what it meant for the teams who worked in this environment, what influence the setting which Alan had instigated would have on the work

and activities of the teams at the business park in addition to how this might contribute to distancing these teams from those working in the clinical setting at the IPU.

Structural as well as material changes had been undertaken under the reign of Alan at St Angela's: firstly, by establishing a business strategy team and, secondly, in the creation of a business-like environment for the non-clinical teams at St Angela's. Both were deliberate actions to position and align the hospice amongst other EOLC providers as well as to mark out St Angela's as unlike and different to other hospices. Alan's overall aim was to ensure St Angela's was presented as a capable recipient or proficient beneficiary of continued as well as new sources of EOLC funding. Moreover, as the potential for rivalry between EOLC providers was surfacing, the hospice had begun to consider the possibility of encountering competition in the sector. Within this framing, Alan's actions can be considered as steps to protect current resources as well as attract future funding for the hospice's services.

In the preceding examination what has been discussed are not the clinical areas of the hospice, or the care of the terminally ill and this influence on EOLC, but the emergent business strategy and the impact on the non-clinical areas of the hospice. Here influences from a sector level emerge in the building design and use. Further, changing principles of organising the care provision were surfacing at St Angela's. Directing the teams at the business park to work in a more business-like manner was seen by some individuals as conflicting

with the traditional principles around which St Angela's was formed and which were fundamental to the work of the hospice, as well as differentiating St Angela's from other EOLC providers.

5.4 From hospice-like to business-like

At a macro level EOLC was changing; examination, regulation, measures and comparison had been introduced, and within the organisation of St Angela's structural and physical changes had taken place. Alan had tried to locate the hospice in a shifting health and social care sector, establishing new roles, designing new offices and undertaking new initiatives with other EOLC providers. With these very visible changes underway at St Angela's, some individuals at the hospice were beginning to consider the consequences for themselves as well as other hospice stakeholders. Lorraine, a long-standing member of the fundraising team at St Angela's, reflected on the situation:

We've very much stepped away from being this hospice, the kind of homely, small, tight-knit kind of hospice which I think has been really, really important up to now, but needed to change to keep up with the demand. And I don't mean that as in demand for the services and what have you, but I mean demand of the public and the need there is for us to support the public (Lorraine, Interview, 11th August 2015).

Here Lorraine was considering that St Angela's had begun to move away from what the wider community might consider, and be comfortable to accept, as the traditional model of hospices. Drawing on her experiences of being one of the hospice's community fundraisers, Lorraine expressed a sense of obligation or duty to these hospice stakeholders that the hospice would not change, outlining this as a requirement to meet the needs of the local population. Making this observation, possibly to cover some of her own unease with the situation, Lorraine implied that the needs of the population may not be the same as St Angela's. She was thus suggesting the wider community needed the hospice to continue to represent dying in the way it currently employed whilst Alan wanted St Angela's to change, citing a context of increasing demand in EOLC to justify his actions. Here Lorraine highlighted the tensions within the organisational changes and that they were going to disrupt the hitherto dominant representation of hospice care. As Lorraine's concerns echo, this would be problematic for community fundraisers whose work in the community relied on a specific, if now a somewhat outdated, representation of hospice care.

Reconciling the needs and expectations of different stakeholders whilst changing areas such as EOLC services was complicated for St Angela's, requiring that they accomplished these requirements by addressing and resolving two separate and yet interconnected issues. Firstly, the services and provisions of EOLC which St Angela's needed to deliver in line with any provision being made by rivals might in time compromise the hospice's current

position. Secondly, an acceptable representation of continuing hospice care to the wider community required some rethinking of how St Angela's was depicted both now and in the future.

These emergent tensions were further highlighted by Lucy, a Fundraising Officer at St Angela's, who considered that the services, as well as representation of the hospice, had changed:

Getting people to realise that actually the services have got to change – and I mean that internally and externally as well. I think people don't understand that we've got to grow and the services have got to change. Statistics show that that's got to happen, and people don't like that and don't understand it, and are very kind of up in arms about all the change (Lucy, Interview, 5th August 2015).

Lucy, like Lorraine, evaluated the local perception of St Angela's and the hospice's role in providing EOLC services, seeing EOLC by St Angela's depicted and focused on a portrayal of hospice care provided in the homely inpatient unit. This rendering of hospice care clashed with the changes which were being advocated. Such a limited representation of hospices was contributing to producing and reinforcing a popular and accepted, but in the professed current climate, outdated ideal of a hospice. Interestingly, Lucy saw as interrelated the need to change the perception inside the hospice amongst employees and volunteers as well as outside in the wider community, while, furthermore, not

alienating or unsettling the important support of St Angela's from individuals within the local community:

Because it's changed, and people don't like change. And I think there have been times, personally, where it's become a little bit more "oh, we're a business" and probably lose that charity aspect of it; and actually, you've got to see the bigger picture. But then, I think, seeing that bigger picture means you've got to almost work like a business rather than a charity But still trying to keep that charity element of it. And I think, for us in Fundraising, that's what we find sometimes difficult, because actually we are the ones that are kind of going out and are talking to people and saying, "Right, we're a charity. We're this." And then it's almost two battles, like the business and the charity side (Lucy, Interview, 5th August 2015).

Through their roles in fundraising Lucy and Lorraine could gauge what St Angela's, meant or how the representation of the hospice was being received externally by a wider audience. As people who engaged with several different individuals, groups and organisations they could report on the conversations which were being held in the community, rather than the discussions with individuals at the hospice. This perspective, and the conflict of principles which was growing at St Angela's, was expressed by Lucy as the battle between the existing charitable or hospice principles and the newer business-like approach which Alan was introducing into St Angela's. Here the principles

which directed the work of teams at St Angela's were changing, and what was emerging were the difficulties for those in the fundraising team in how to represent the hospice in their work, particularly if the model emerging was not aligned to the wider perception of hospices and hospice care held in the community. Thus, whilst areas such as the offices on the business park were changing, and the roles of non-clinical teams were developing, the work of the fundraising team might have been made easier by perpetuating the old ideals of a traditional hospice and in this way ensuring fundraising activities remained effective, and, importantly, that they were successful in achieving their fundraising targets.

So far what has emerged are issues involved in repositioning the hospice in the changing health and social care system, gaining access to EOLC funding and changing how hospice care was delivered and represented. Additionally, the different views and approaches of teams at St Angela's have been examined in the context of changing principles at St Angela's. Amongst all these challenges, Alan's perspective was to view these as opportunities for the hospice to develop and grow, as he explained:

So growing a demand in terms of funders, sponsors, statutory partners, and particularly with a very strong focus on commissioners, both in the health service and social care. So definitely repositioning ourselves as a potential recipient of their funding, and as someone that can provide and deliver services that maybe they wouldn't have expected the hospice

to be interested in or capable of in the past (Alan, Interview, 9th June 2015).

Alan outlined his actions in response to a changing sector, providing a rationale and justifying actions because of the current conditions in EOLC, arguing that St Angela's needed to adapt in readiness. His work could therefore be considered as ensuring that, when or if necessary, St Angela's was perceived not as an existing model of a hospice but as a credible recipient of funding, capable of carrying out a more diverse range of EOLC services. The repositioning to which Alan referred involved altering, changing or replacing some of the principles on which St Angela's had been established over thirty years ago, supplanting these values with other standards. For individuals, such as Lucy and Lorraine, their concern was how the changes to the hospice's principles might in turn alter the practices of different teams at St Angela's. Sarah, who had worked for the hospice over a period of eight years, reflected on what was happening at St Angela's as she tried to come to terms with why and how the services provided by the hospice might change:

I feel that change is more imminent, just because of the pressure on the NHS system. Something's got to give. And I don't know if it's happening, but I feel that it seems to me that we are going to be taking some of the burden from the end of life section of the NHS because they don't want people in hospital blocking beds and things when we can be offering that service. But I can't see, even though obviously a lot of our money's

raised to do that ... It sort of worries me a bit that we're going to start being funded too much by the NHS, but I can't see any other way of doing it (Sarah, Interview, 11th June 2015).

The logic which Sarah was following was that if St Angela's became more involved with the NHS, alleviating some of the pressure on hospitals and receiving public funding to do this work, this greater proportion of public funding would change the care provided by St Angela's. Sarah based her anxieties around the conditions which came with this additional resource to expand EOLC provision, whilst also expressing her concerns that it would be hard to sustain the hospice principles of St Angela's. Highlighting a dilemma facing St Angela's, Sarah acknowledged the difficulties which would be encountered if the hospice wanted to retain some independence from the NHS whilst at the same time seeking to provide more services through receiving a greater proportion of its income from public funds. Sarah had stressed the current popular representation of hospitals and the EOLC which they provided, a problem which was highlighted in the 'Dying without Dignity' report (2015) discussed in the first section of this chapter. Importantly, here this problem becomes an issue not just for hospitals but one which has relevance to St Angela's as well as other EOLC providers. If hospital EOLC was perceived as a model of EOLC which individuals, such as Sarah, did not want the hospice to move towards, this presented a dilemma as to how to shape EOLC whilst avoiding this unpopular form of provision.

5.4.1 Changing principles of care

The tensions expressed by Sarah about EOLC in hospitals were illustrated in an example of the EOLC practices undertaken in hospitals in a story recounted by Sue. Trying to articulate her worst fears, Sue gave an extreme example of what she, and indeed Sarah, feared most: a fully NHS-funded hospice which had become part of the local NHS hospital trust operating alongside a group of other NHS EOLC providers. Sue retold the story:

[Another hospice] was very excited because it was suddenly getting much more funding from the NHS. And then it realised what the consequences were of that. Because one of the traditions in hospices has been, for example, when someone dies in an inpatient bed, that as a mark of respect to that person that bed has been left vacant for 24 hours. Now, other patients and families have really, really related to that, and that's felt very special. It's really helped staff as well, for them to feel that they're not just working on a production line ... So obviously they get more funding from the NHS and they go, "What the heck? How many more people can we do?" ... (Sue, Interview, 12th August 2015).

Sue explained that, in hospices, activities in the period directly following the death of an individual formed a recognised part of palliative care. Carried out in hospices to allow time for the grieving process to begin, this is an example of the holistic approach on which hospices had historically been founded, a

practice which was fundamental within palliative care but was carried out very differently in a hospital setting. Sue not only explained the different approaches to EOLC but revealed a key tension between a hospice and a hospital, or two rival EOLC providers. She demonstrated what arose because of a conflict when the logics or principles of care became diluted by what she saw as opposing logics of efficient and productive service delivery. Seeing this as a disadvantage Sue explained in further detail why she thought this practice would occur in a hospital setting, making a classic point about bureaucracy, and arguing that some forms of organising in EOLC are centred around processes and outcomes but not on patients:

[We must] fit in with the parameters of bureaucratic and rationalised thinking, which is essentially reductive. And it creates processes. And the processes themselves are the things that have to be served, rather than the patients or the students – rather than the humans ... I suspect what will happen is that – with the pressures from commissioning and but also as we are losing funding because of ongoing austerity and competition between charities – that that rationalisation process will happen, which will develop more generic services, which will create the situation that Cicely Saunders critiqued in the first place (Sue, Interview, 12th August 2015).

Sue was outlining the normalising of EOLC expressed here through the assessment, calculation and measurement of outcomes and practices

associated with the receipt of public funding and which she believed threatened the values of palliative care and the principles of hospice care. Moreover, from her position of clinical expertise in EOLC, she saw this as detrimental, eroding the principles around which hospices such as St Angela's had been founded. Identifying the conditions that were attached to seeking public funding to secure resources to expand EOLC services, Sue saw a jarring between the original model of hospice care and the new model of EOLC which St Angela's was considering. From her position in a clinical team, she was concerned that this was the model of care that the hospice might move towards.

Sue and Sarah's concerns posed further, complex problems for St Angela's as to how best to change the hospice without a loss of focus on hospice principles. Here what emerges are the challenges in continuing to ensure that the hospice was regarded as formed around the guiding principles of palliative care whilst also contending and reacting to the activities of other EOLC providers. Drawing on a philosophical understanding of palliative care and the work of hospices, Sue explained what she considered was underway as St Angela's had begun to move away from the existing hospice model:

When I started I think there was still very much, as it were, the mystique around the hospice, and it was still the hospice as in the kind of charismatic example of Cicely Saunders, of the very romantic model of hospice the original vision – a romantic vision that the hospice

represents – and when people say “I want to die in a hospice”, that’s the vision they’re talking about. Something individualised; something that roots them back into their community; something that feels very, very human-scale, person-centred, supportive of their family, reconnecting them, as I say, back into their community. I think that’s going to be undermined because of economies of scale...we’re moving from one generation of hospice to the next generation. And, as any kind of transition period is, it’s painful (Sue, Interview, 12th August 2015).

Articulating the very essence of what she saw as hospice care, Sue explained the attributes and ethos which placed these EOLC providers in such high regard and formed the representation basis which hospices, and teams like fundraising, had found most favourable to sustain. Interestingly, Sue’s argument could be both advantageous in offering something unique and belonging solely to hospices, whilst at the same time constraining and limiting, keeping St Angela’s tied to what she had described as a romantic representation of EOLC or model of hospice care.

Ideals around which St Angela’s were formed were changing, and what emerged was that Sue, Sarah and other individuals at St Angela’s were beginning to consider the implications of more EOLC being provided by existing as well as new providers. This prompted the questioning of the principles which they held about hospice care and saw as differentiating hospice care from the practices involved in EOLC in other settings; what they

saw as the popular and effective basis of the representation of St Angela's within the local community. Here a comparison emerges of the EOLC which St Angela's could deliver as opposed to the measurable, but overly bureaucratic and ethically questionable, 'production line' approach of NHS hospitals. What was materialising were new, and at times clashing, principles in competing ideas about effective EOLC and the ideal expressed by Sue of a 'romantic hospice'.

5.5 Chapter discussion

The 'organising' (Callon, 2015) and the processes which were forming and shaping EOLC become apparent in this chapter. However, this chapter also revealed some of the difficulties in interpreting and translating the language of markets into EOLC, firstly, from studying key artefacts such as the first 'End of Life Care Strategy' (Department of Health, 2008), and then by considering the ambitions for St Angela's which were at times contrasted to the concerns about the principles of hospice care. Here a range of efforts to identify what was of value to, or valued by, EOLC providers emerges. Notably, rather than one unifying or central ideal, multiple (Geiger et al., 2014) and at times conflicting values were shown in the local plans for St Angela's as well as what was evolving at a sector level in this aspect of health and social care. Thus, the discussion which this chapter facilitates contributes to the importance of principles and ideals in the forming of a market and the fundamental role of

universal agreement on a central focus in the processes involved in the marketisation of a sector.

Demonstrating the continuing role of artefacts to direct and hold in place a view of EOLC (Cooren, 2004), the first EOLCS framed death and dying as a solvable problem, which the state and governance would be actively involved in resolving (Borgstrom, 2016). These policy documents further allude to the introduction of measures to evaluate the services of different EOLC providers but then the 'Dying Without Dignity' Report (Parliamentary and Health Service Ombudsman, 2015) advanced the problem of the poor quality of NHS care, and, significantly, illuminated the leading role which hospices could take to improve the care of the terminally ill. Taken together these perspectives can be viewed as part of a range of steps to establish norms of EOLC and, importantly, to systemise the care of the terminally ill. Thus, the 2008 report and subsequent policy documents became what Carlile (2015) referred to as the 'nested layers' (p. S24) providing an outline or framing (Callon, 2015) for EOLC and a context in which the strategic action of organisation, in this case St Angela's, was taking place.

A process of outlining, or here the processes of distinguishing a very specific form of care for the terminally ill, had begun and was ongoing. What begins to emerge through the examination of the many textual artefacts which had built up over the past seven years in EOLC was a particular perspective of EOLC which was outlined and maintained by the elements of 'structuring' (Çalışkan

and Callon, 2010) and configuration of markets: the guidelines and frameworks which were imposed on EOLC as a sector. Theorising the process of marketisation, Callon (2015) proposed that the method of outlining what is of worth or value is carried out by framing, singularising and qualifying. Here framing is seen within EOLC, as what these artefacts continued to impose was a particular view of EOLC: the suggestion of needs, which can be met through raising the standards and providing more choice of EOLC provision and the reified status of hospices as holders of the necessary EOLC (Borgstrom, 2016).

In their conceptualisation of concerned markets Geiger et al. (2014, p. 5) describe such framing as the 'recasting' of a market and suggest that this generates a process of justification for market actors for the actions which they proceed to undertake. Thus, if EOLC was presented in this way, as a problem requiring intervention, then the problematisation of EOLC has also set in motion a series of further effects and consequences which require examination. In other words, drawing on the suggestion of framing in Market Studies, as policy and public debate has outlined in EOLC death and dying is a problem in need of a solution. Thus, the changes being undertaken at St Angela's, setting up a business strategy team and designing the business-like setting of the business park, may be presented as 'logical' actions or steps to address this problem.

The suggestion of what else may be happening in the organisation and configuration of markets may also explain why, despite attempts which began

over ten years ago to systematise EOLC, a universal agreement was yet to be 'settled' upon or stabilised (Callon and Muniesa, 2005) and a central focus agreed upon. The outlining in EOLC which has begun to emerge presents a particular perspective of EOLC and can also be considered as the process of objectification (Calışkan and Callon, 2010 p.5), or, as Finch and Geiger (2011, p. 899) suggest, the processes involved in 'establishing what counts' in markets. For example, in EOLC what appears to count or matter and therefore must be included in outlining EOLC arises from the complexity of a 'good death' and an individual's right to 'die well'. Although these were both proposed in the first EOLCS and highlighted as not yet achieved in the Dying with Dignity report, these considerations remain 'attached' to EOLC. Accordingly, ideas such as patient choice and autonomy, ideals which may have previously lain outside this sector but were present in other areas of health and social care, appear as now necessary and fundamental to include in EOLC (Borgstrom, 2015).

It is interesting to consider that, whilst aspects of EOLC such as choice and patient autonomy have become integral to EOLC, the 'social value' of a good death remains the most difficult to incorporate into a universally accepted and acknowledged market object (Geiger et al., 2012). Whilst the work of Finch and Geiger (2010) acknowledges that there may be traces in a market object of what may lie outside a particular market, by studying EOLC what emerges, and this discussion highlights, are the specific challenges of the unquantifiable aspects; traces to societal concerns about death and the dying process. Here what requires further consideration is what it means to die 'well' and if and how the

ideal of a 'good' death can be quantified to be included in an EOLC market object.

This section has examined EOLC as a sector in which the market object is still 'under negotiation' and raised questions as to whether a market can be formed, or the processes of marketisation are possible, if market actors subscribe to different ideas of what is of value and should become the central focus in a sector. Such discussion considering the problems of achieving unity and universal agreement on a central focus augments the work of Johansson Krafve (2014) who observed the unifying role of a 'rule book' and saw problems with healthcare being formed around different and incompatible principles. Here in EOLC and in this debate what is highlighted is an absence of both universal agreement and such a device, thus raising the question of how market configuration might proceed if agreement, clarity of value and a unifying device are all lacking. Importantly, what is raised from these observations is what happens in the absence of a unified agreement of value and such a coordinating device and what the consequences are. Whilst such aspects have been shown to be key, and to have a role in organising a market, if they are missing what forms or is put in place or undertaken in compensation for this absence emerges as an important question which is returned to in the concluding discussions of this thesis.

5.6 Chapter summary

Through an understanding drawn from the academic research into markets and marketisation, this first findings chapter has considered the structuring of EOLC or the organising of a sector showing the influences of the actions of several different, sometimes rival, care providers or market actors on EOLC. Key tensions emerged in the public concern for the care of the dying, what form this care has taken historically, and the active role of different government policies which are all 'at work' in shaping a market in EOLC. This chapter has revealed how organising of EOLC, an area of society which had previously been outside normal economic activities, has begun. Thus 'organising' emerged in this chapter as the qualifying of EOLC in terms of what it should encompass, how it should be undertaken and what should form or be the central focus of this sector. Significantly, the importance of value or what is of worth has been shown in this chapter to be contested and ongoing.

Within this chapter, the complexities and tensions of identifying the central focus of the hospice as an organisation, and the resulting object of exchange or value around which EOLC was being organised, have emerged. This was informed by the reflections of staff at St Angela's, alongside observations and the contestations of the policy documents surrounding the principles on which St Angela's is now organised within a competitive market landscape. This chapter has set out the current context in EOLC in preparation for illuminating how market practices can be active in influencing, identifying and outlining a

market. The next chapter discusses some of the ways the team were engaging in projects which involved other EOLC. One such project concerned General Practitioners and reveals how the marketing team had begun to undertake activities which involved this important group of EOLC actors. Notably this project also provided an opportunity for the team to build their reputation, both at St Angela's and beyond.

Chapter Six

Mapping out a Marketing Territory

Introduction

This chapter considers St Angela's position amongst and in their associations with other EOLC providers in the local area, in particular with the 43 GPs, a key stakeholder group for the hospice. Building on the previous chapter which detailed the other care providers and the new competitive EOLC landscape, this chapter shows that St Angela's was finding collaboration with other organisations frustrating and problematic. Continuing to frame the development of hospice services to meet increasing demand Alan encouraged the marketing team to take a leading role in the relationships which the hospice held with local organisations. Kirsten took on chairing a regional communications group and Paula, the Marketing Manager, set about mapping out a territory for the marketing team and launching a campaign to GPs, activities which on the surface could be seen to fulfil Alan's aspirations but, as will be shown in this chapter, emerge at times as something else. Accordingly, through a less rational and linear manner, in their existing relationships and embarking on new associations, St Angela's was shown to be influencing EOLC locally.

Moving from a macro to a more micro level, this second empirical chapter focuses on the day-to-day activities being undertaken at St Angela's or the collective action of what Cochoy and Dubuisson-Quellier (2013) described as the people, their occupation and devices at work in a market (p. 5). Specifically, marketing activities are examined through the consideration of these activities as sociomaterial practices with the capacity to enact (Kjellberg and Helgesson, 2007). Exploring the establishment of a territory and the building of several relationships with key stakeholders, this chapter proposes that the activities which the marketing team were undertaking were primarily being carried out to build the reputation of marketing and to legitimise the practice of marketing within St Angela's. Focusing on how this was being accomplished this chapter adds to a body of work which has begun to consider the specific contribution of marketing tools, concepts and frameworks and their role in how marketing contributes to the understanding of a market being brought into being (Cochoy, 1998, 2015; Venter et al., 2015; Jacobi et al., 2015).

6.1 Leading the way

St Angela's was one of several providers of EOLC in the area, but the only hospice. Despite being drawn together as a group of EOLC providers in the EOLCS, no formal connection existed between these different care providers. Each organisation's way of providing care to people at the end of their lives was different; thus all they shared as a group was the need to meet statutory care

quality requirements. In his role, Alan had been thinking about this current configuration and St Angela's position within it in terms of activities both now and in the future:

So I think, for me, the key things are being outward-looking, being collaborative and being willing to take a few risks and to pilot and try some different things. We need to be out there and networking and learning and building relationships (Alan, Interview, 9th June 2015).

Alan's expectations would require individuals at the hospice to interact and try undertaking new activities, and also for teams such as marketing to form new relationships although Alan gave no details as to who the team should be forming relationships with and contacting. Alan fundamentally questioned which activities individuals at the hospice should consider undertaking in the future. As a member of Hospice UK,⁴ St Angela's was connected to several hospices in the region which offered each other support and guidance on issues and problems. This long-standing involvement between hospices was highlighted by Sarah:

Sort of sharing things with other hospices as well. I was quite surprised at that, actually. One thing, when I came here, is you always think of other charities as competitors, but it's quite nice that all the hospices

⁴ The organisation representing over 200 hospices (Hospice UK, 2017)

sort of share information and things like that (Sarah, Interview, 11th June 2015).

Sarah explained the collaborative approach which Alan advocated for St Angela's; however, she also mentioned rivalry, hinting that the somewhat special, mutually encouraging relationship between hospices was not necessarily replicated between other EOLC providers. Here the traditional model of hospices, founded by a local population to serve that community, can be seen to set hospices apart from other EOLC providers. Consequently, in the process of establishing a hospice it is assumed that the hospice will be able to provide for the location population, moreover, that a hospice can cope with the EOLC needs of a changing and growing population. Aware that St Angela's was not alone in providing EOLC, Sarah was categorising and classifying the local group of organisations in which St Angela's was currently placed, examining the current arrangements between the providers. Building on the points raised in the previous chapter of the actors within EOLC, here attention is being given to the very local configuration in which St Angela's has direct involvement.

Planning for the future, Alan was less convinced of the usefulness of St Angela's existing associations and, indeed, the appropriateness of perpetuating a collective approach to delivering EOLC. Reflecting on the organisations which together constituted EOLC provision and seeing more separations and differentiators between the range of different EOLC providers than shared principles, Alan expressed:

Yes, I think our competitors are defined by their mindset and their strategy, not by the type of organisation they are... So [name of a for-profit healthcare provider] are definitely a competitor. You know, I would love to see them out of the market locally because I see them as a barrier to progress and to change... We've tried on a number of occasions – I've tried personally on a number of occasions. In theory we should be natural partners and we should be working together; that's not been the case. And actually, I do think there's a real tension between us. So there's definitely a need for us to be willing to compete as well as to collaborate (Alan, Interview, 9th June 2015).

Unable to secure the improvements which he thought were appropriate and necessary, Alan was questioning the productivity of collaboration and, moreover, St Angela's relationship with nearby hospices. Here his use of 'mind-set' could be interchanged with the word 'principles' or 'values' on the basis that he was referring to and discussing the different principles or values of the organisations within this grouping. Drawing on the different values, without a shared common purpose and central focus, Alan thought that these organisations were unable to come together. Whilst actively trying to change the attitudes at St Angela's, Alan could not extend his influence to persuade other EOLC providers to work in the way which he believed was best for the future strategy of St Angela's:

I have been honest and said, “If it comes to it, I’m not going to worry about your situation.” I think a good example would be county council funding. It’s a huge untapped possibility. Strategically we’ve got to get in there. Our relationship with the county council will probably be more important than our relationship with the NHS in the long term. We’ve got to get in there. And actually, what would be really compelling to them would be a [name of county]-wide offer from all of the hospices So I think, for me, collaboration is the starting point, and that should be our preferred option, but competition is just as valid if that’s the means to our end in terms of actually addressing unmet need and being positioned to cope with the growing demand in the future (Alan, Interview, 9th June 2015).

The plan Alan was identifying was formed around several new sources of resource which might be available for St Angela’s, for example, to apply for funding from the local county council to deliver social care as opposed to the NHS funding for healthcare. Significantly, any such new association to access additional forms of finance would require a new set of social care standards to be met, consequently altering the service provision by the hospice because of a need to meet social care quality criterion. Here Alan is demonstrating not only his willingness to explore and meet such additional requirements to access and receive funding but, in so doing, acceptance that this would contribute to distancing St Angela’s from other hospices and EOLC providers. St Angela’s

was considering changes to its existing model of EOLC provisions whilst other providers might continue to work in the traditional way.

Thinking about seeking funding for care of the terminally ill from social care budgets was significant because this would locate the hospice in a wider group of organisations, such as residential care homes as well some private providers of care at home. In this group of organisations, which was comprised of a greater number of smaller social care providers, the hospice was a larger actor; thus, in considering providing EOLC through social care, strategically the hospice was distancing itself from the local NHS hospital and becoming more aligned with a completely different group of care providers. Outlining a need to reconfigure St Angela's services again, Alan justified this through a wider context of increasing need in EOLC, and at the same time he criticised the existing providers for failing to act:

Well, who's actually doing anything about it? And so I have a real sense that, actually, if we don't grow as an organisation to create the capacity and the capability So part of the growth is about broadening our range of competencies and our ability to do that, because without that, we won't then be able to respond to the growing demand (Alan, Interview, 9th June 2015).

Believing that St Angela's could contribute to solving the current difficult problems in EOLC, Alan continued to challenge individuals at St Angela's to

work differently, to try out new activities, change associations from those which had previously been held and form new relationships, with the aim of broadening and increasing their range of interactions with different organisations. Therefore, Alan had set in motion a further ‘condition’ by which teams at St Angela’s would need to justify their actions and prove their effectiveness which was to demonstrate how they were contributing to the expansion of the hospice’s activities. Whilst the business strategy team had begun to undertake this work, Alan had introduced a further requirement to which the marketing team would have to respond.

6.1.1 Associating with other EOLC providers

Through membership of the Regional Communications Group (RCG), the marketing team was trying to establish a role for St Angela’s amongst the existing group of EOLC providers (Field notes, 30th June 2015). Membership of RCG included local representatives of national cancer charities, private regional providers of health and social care and other hospices in the region as well as the NHS communications department from the local hospital in addition to Kirsten and Paula from St Angela’s marketing team. Paula recalled the most recent meeting as being “interesting ... they do have quite a lot of shared in common problems and stuff” (Paula, Interview, 26th June 2015). Further discussion in the marketing office revealed that in the latest meeting the group had debated a range of issues from promoting the support available to families caring for terminally ill patients on the local BBC radio station to the possibility

of setting up a joint fundraising campaign through the sale of Christmas cards and the collection of Christmas trees at the end of December for recycling (Field notes, 7th July 2015). Kirsten explained the importance of this group and the consequence of her involvement for the marketing team at St Angela's:

I've really driven in the leadership of that team, it was about branching out and really what impact we could make if given the chance. And then obviously, I've been given the chance by Alan, and then we were really able to prove the impact that we can make. So it became broader, so that the scope then changed of what the team was doing, whilst still in that directorate (Kirsten, Interview, 20th May 2015).

The RCG was a vehicle through which Kirsten could build the reputation of St Angela's, forming connections within this local group, which was all in line with Alan's aspirations for St Angela's. However, despite the group being fashioned around the area of communications, an area of marketing in which Kirsten had some experience, interestingly, very few plans to carry out any of these activities discussed by this group materialised during fieldwork.

Therefore, what became apparent was Kirsten's drive for involvement and leadership of this group was more symbolic than operational, meaning that acting as chair of the RCG provided an opportunity to lead EOLC initiatives in this region. Conversely, taking a leading role was more important than producing measureable results from the group's activities. Here the RCG is a place to build a reputation for both Kirsten and the hospice, accordingly,

Kirsten's presence in this group was an extension of her work to expand and justify her own role, as well as that of the marketing team. Explaining this Kirsten said:

So it's more about the positioning of us as an organisation, and really leading those conversations and really pushing for the collaboration and the kind of joined-up working, and being the centre of that network as such (Kirsten, Interview, 20th May 2015).

Undertaking to chair and coordinate the RCG, Kirsten was fulfilling Alan's ambitions for St Angela's to play and take a leading role in EOLC locally, thus substantiating her new role at St Angela's. Chairing this group and asserting some influence amongst this local group of EOLC providers involved scheduling meetings as well as writing and circulating the paperwork such as the minutes of meetings. Here Kirsten's actions are like those being undertaken by Eleanor and the business strategy team. Accordingly, Eleanor and Kirsten were beginning to build small areas in which the hospice was extending its influence on EOLC, albeit at a local level. Despite a lack of the kind of noticeable results which had previously seemed important for the marketing team, in this instance Kirsten sought to justify her continued involvement with the RCG, seeing value in the time which this took away from her undertaking day-to-day activities at St Angela's:

So they do have fingers in pies in terms of scope, but people that I've spoken to certainly don't have the involvement that I do at my level with, well, one, being part of the senior management team, but, two, in terms of the kind of groups and things that I sit on, the project boards and the work I do in CCG (Kirsten, Interview, 20th May 2015).

Membership and leadership of the RCG by someone from a marketing team thus also demonstrated a difference between St Angela's and other EOLC providers, thus Kirsten was distinguishing herself and the marketing team at St Angela's not only from other local hospices but amongst the local EOLC providers, some of whom were rivals. A further instance of Kirsten's work to engage with other EOLC providers and build her role emerged in bidding for funding and procurement, an area in which it emerged that St Angela's was actively undertaking to establish a more substantive relationship with other hospices and organisations involved in EOLC. Eleanor explained St Angela's involvement with a smaller hospice, describing that in this instance a new funding arrangement which involved St Angela's in a supportive capacity had recently been established. Interestingly, through this association an opportunity for marketing had emerged. Eleanor explained:

The [name of hospice] have spoken to Kirsten about some of the messaging they want to give out ... Kirsten and I have sort of picked up quite a few bits of joint work. Whether or not that's truly marketing and comms and business strategy, or the fact that we have a good working

relationship and actually work well together (Eleanor, Interview, 20th July 2015).

Here the expertise which Eleanor and the business strategy team had was being utilised, and, unlike the involvement with the RCG, Kirsten could claim tangible and measurable results had been recorded from this initiative. This project, which involved working with Eleanor and Kirsten, was beginning to develop and engage with both the senior leadership team at another hospice and a cancer charity. Although Eleanor's funding expertise and role at St Angela's had facilitated this opportunity, it was Kirsten who was carrying out this work. Here it is interesting that a personal connection seemed to encourage Kirsten and Eleanor in their work together, overriding any differences in their team's individual objectives or the requirements placed upon them. In this instance two different areas of St Angela's could come together and were actively engaged in activities which were achieving Alan's ambitions for St Angela's.

Leading by example, branching out through chairing the RCG and working with this smaller hospice, Kirsten was taking on different projects and work outside the marketing team. Urged to do this by Alan and given the necessary resources she was beginning to demonstrate her capabilities, developing influence and making connections whilst actively securing an external reputation for herself and the newly formed marketing team, and furthermore, justifying the significant financial resources which had been allocated to the

team at St Angela's. Whilst the senior leadership team at St Angela's were occupied with navigating informal social relations between the existing EOLC providers, and considering embarking on new associations with groups such as social care providers to align the hospice with new funding sources, the marketing team were undertaking activities to form their own networks and connections.

6.2 Building a territory

Striving to expand the marketing team's activities meant that Kirsten was increasingly away from the marketing office, and in the marketing team's weekly meeting explained that she "would be taking a step back from day-to-day, undertaking more strategic work. Alan's instruction. Hands off, nose out" (Field notes, 12th May 2015). Encouraging Kirsten to leave the day-to-day activities of the marketing team behind, Kirsten's role was changing as she began to seek out and become involved in activities which she felt Alan considered could build and strengthen the reputation which he wanted to establish for St Angela's. Additionally, for Kirsten being away from the team, released from the routine communications activities which she had undertaken for some time at St Angela's, provided an opportunity to begin to understand more about EOLC and the other providers besides St Angela's:

If you look at all of the high-level meetings and things I go to, and trying to understand the NHS and the Board of Healthcare economy is a minefield, and I learn something every day (Kirsten, Interview, 30th June 2015).

Busily building her contacts with other EOLC providers, such as the local NHS hospital, besides being seen alongside Alan or Eleanor at what she regarded as important meetings, Kirsten had begun to leave the day-to-day supervision of the marketing team back in the office to Paula, the newly appointed manager of the team. However, unsure of what exactly the team needed to undertake, and how, Paula was engaged in searching for a clear focus or purpose for the team's activities, which she was trying to manage as well as her own role:

We don't know where we're going Like sending anything, or where things are meant to go, or which area we should be concentrating on. And I think that's where the strategy needs to focus in terms of which areas are we going to go into and why and how? Because actually, people in [name of town] come to us naturally anyway, so where do we need to be focusing our time? (Paula, Interview, 26th June 2015).

Paula was struggling to identify where marketing could add to St Angela's. Here a lack of understanding about EOLC in the marketing team surfaces and lacking this specific knowledge, Paula searched for other approaches. Drawing on her marketing knowledge a sense of an area in which the hospice could

provide a service emerged in her thinking. Here Paula had begun to draw on her background in for-profit marketing, and, as one of the only team members with previous knowledge and marketing expertise from her previous experience of working in a marketing role as well as her marketing qualifications, Paula drew on this knowledge to help her work out what the marketing team should be undertaking. Importantly, Paula knew that she needed to be seen to be engaged in some activities and to be productive to justify her role. She was under pressure from Kirsten to get some marketing activities underway:

I'm constantly saying to Paula, "Why isn't this being done? Why are we...? We've fallen behind on this."... but actually, ultimately, operationally, they need to kind of get on with it. (Kirsten, Interview, 30th June 2015).

Keen to 'get going', the problems Paula encountered carrying out her role and work at St Angela's were compounded by trying to decide how to use her previous experience appropriately, importantly and effectively now that she was carrying out marketing practice in a context she did not fully understand. She explained:

You've got to prove why you're there and "why have you got a marketing team?" and all that kind of stuff. So there's even more pressure, I think,

on it. But yes, I just don't feel like I know enough about the hospice to speak for the hospice (Paula, Interview, 26th May 2015).

Without any knowledge of hospices and EOLC, Paula was left to draw on the traditional representation of hospices as organisations which operated collaboratively, did not compete or try to grow by offering services outside their region, kept their operations and service provision within defined areas and respected the work which they were all undertaking to serve a specific population. Accepting this portrayal of hospices, Paula said:

Obviously, there are other hospices in other areas that have already got their "patch", as they call it Yes. So I feel like we've got [named area] and the [named] area} etcetera, so we've got that it's not like you're trying to grow the area (Paula, Interview, 26th June 2015).

Here Paula referred to the traditional model of the hospice, and, in the same view with which the fundraising team had argued, Paula's perspective was that this model offered an uncomplicated and reasonable representation. Seeing St Angela's as a community-based resource, routed into serving the local area, could be considered as much less challenging and complex than an organisation trying to address issues of death and dying at a societal level. Indeed, the traditional hospice model and a catchment area which it served led to achievable and micro interactions as opposed to trying to engage and

influence at a sector level; the much less measurable aspirations Alan had hoped the hospice, and the new marketing team, could achieve.

6.2.1 The map project

Paula decided to create a framework in which marketing activities could be contained and measured; thus, Paula was going to actively perpetuate this representation of St Angela's as a local hospice serving its community.

Choosing this method as the starting point to activities, or in Paula's experience the first step of recognised marketing practice, which was to outline a geographical area of operations in which to deploy marketing tools. Here Paula used what she knew and trusted to guide the team's work at St Angela's and ensure that, if questioned by Kirsten or others at the hospice, she could provide evidence of what she, as well as the team, had been undertaking. The map would function to show:

Where things are meant to go, or which area we should be concentrating on. And I think that's where the strategy needs to focus in terms of which areas are we going to go into and why and how? I guess, growing the sort of care and stuff Because it's just not there I've actually seen the team being more – they're not as productive as I still think they could be, but I've seen them being more productive by using some of this stuff (Paula, Interview, 26th June 2015).

Arriving in her new role and finding herself bereft of what she considered as appropriate marketing tools and trying to negotiate and understand the difficult context in which she now worked, Paula's view was that these tools would increase marketing productivity. Specifically, using marketing terms and concepts she identified what she felt could be achieved:

More targeted niche marketing, so for example you're really, really driving in on [named area], you would look at obviously everything in that area. If you're sending a press release out about it, you'd go through that area and you'd list then who you've gone to (Paula, Interview, 26th June 2015).

The map would enable Paula to refer and plan activities in a defined space or area of the operations for St Angela's, but its significance was much greater to Paula because the map became evidence of her own activities as the new Marketing Manager as well as those of the new team. These points are further supported by the fact that St Angela's already had a map of the geographical area it served, in fact the hospice had three framed ordnance survey maps already in existence, mounted on walls at various locations around the hospice. Depicting St Angela's area of operation, one map was on a wall in a corridor at the inpatient unit (Image 3, p. 211), another was inside the offices of Julia, the Director of Family and Patient Services, and the third was in the fundraising office at the business park (Field notes, 19th May 2015).



(Image 3, Map in corridor at inpatient unit, St Angela's hospice, 20th July 2015)

It transpired that each map had a different level of importance to the individuals who were located near to it, however, the map in the corridor near the inpatient unit at the clinical site did not appear to belong to any team, and no one seemed to know when or why it had appeared (Field notes, 20th July 2015). In the case of fundraising, their map was, as per Lucy who worked in fundraising, out of date. When asked about the map in their office Lucy said somewhat casually:

We think it is right, but was done so many years ago that actually it is roughly right. But you'll be looking out for things and I'll have to go "oh, is this in our catchment area?" (Lucy, Interview, 5th August 2015).

Here it is interesting to reflect on why it was that fundraising did not seem to need the boundaries and framework which Paula wanted to put in place for the marketing team. One view is that in employing her previous marketing experience Paula was classifying St Angela's as a service provider operating in a geographically bounded area, whereas in fundraising this was of less importance because the catchment area for fundraising could be considered as anywhere, as many extended families of the patients cared for by St Angela's did not live locally (Field journal, 5th August 2015). Alternatively, as an established and productive team, fundraising may have surpassed a need to provide this sort of justification of their work. The validation which Paula was seeking for herself and her team was not an area which the established fundraising team needed to address anymore.

For Paula, the map was going to be instrumental in plotting marketing activity, and this marketing tool would then, in turn, facilitate an increase in the productivity of marketing activity at St Angela's. Therefore, Paula's map project was launched with the aim of creating several different material representations of the hospice's territory. Fixed upon the idea of commissioning a map, or a new map, Paula assigned this task to Emily, a Marketing Officer, and sent an email with an explanation of what she envisaged and outlining instructions:

We need to produce a map of the catchment area of the hospice

bear in mind we don't have 'solid' boundaries as it's done by GP surgeries – there are some surgeries for example that serve two hospices (Email to Emily, from Paula, 30th June, 2015).

Paula went on to list the various purposes of the map.

Various applications:

- Website – might be worth accompanying with list of surgeries
- Supporting retail collection/delivery area
- Info for staff and vols [volunteers] – we're asked for this quite a lot from people, both clinical/non-clinical, for their information and to utilise to illustrate to external people.

She added:

it will show the breadth of our reach, particularly clinically in the community, would be good to map our clinical sites and perhaps shops on too. Will be useful as part of the 'resources' folder for people too (Email to Emily, from Paula, 30th June 2015).

The map project had expanded and was now going to produce not only the useful marketing tool which Paula wanted but the universally accepted map of St Angela's territory or area of operations. By locating this map online in the open access resources folder on St Angela's intranet, as well as creating several printed versions, Paula saw this map, once in operation and used by the areas

of the hospice, as a significant tool which had originated with Paula and the marketing team. Importantly, the map would be evidence of the ability of marketing to undertake a universally useful project across St Angela's.

Some confusion about what it was that the marketing team were trying to create emerged in a meeting regarding the map project, which Paula had encouraged Emily to arrange with Julia, the Director of Family and Patient Services, in whose office the third map resided. Unlike the professionally mounted corridor map, or the redundant fundraising team map, this third map was located right beside Julia's desk and covered with pins and stickers. It was referred to by Julia as her 'bible' (Field notes, 10th July 2015). Far from a static representation of the hospice's territory, this map was, for Julia and the other clinicians who used the map, a working document on which all the relevant clinical services with which St Angela's worked were located. For instance, the map showed all the GPs, hospitals, clinics and day centres, as well as other EOLC providers with which St Angela's was working. As such it was very much a guide for the clinical teams of St Angela's. Pointing to specific pins, Julia explained the importance of all the surgeries and clinics which were plotted on the map. For Julia, this map was a visualisation of the EOLC landscape, and it represented the configuration or network of the EOLC locally (Field notes, 10th July 2015). Emily found the time spent with Julia looking at the map illuminating, and in the car journey back to the business park it was clear that this first contact and insight into patient and family services at the hospice,

facilitated through the map project, had made a significant impression on Emily (Field journal, 10th July 2015).

6.3 Bringing in the General Practitioners

Following the meeting with Julia, it appeared that the clinical teams already had the framework which they needed so Paula's project would not necessarily be of help to the activities of the clinical teams at St Angela's. Thus, the activity to produce a map had become more about providing a recognisable tool, rather than something which was needed for other teams at the hospice. The meeting with Julia had raised interesting differences between the ideas of who and what was of importance to St Angela's and what the map should include. For instance, whilst the GPs were clearly very important to Julia and the clinical teams, for the marketing team this was one of their first encounters with this key hospice stakeholder. Thus, in undertaking the map project Paula and Emily had become aware of how the clinical teams viewed a territory, notably through the GPs, a group of hospice stakeholders which were extremely important to the hospice's clinical teams but who did not constitute part of the day-to-day work of the marketing team. Interestingly, GPs had not been involved in any previous part of the marketing practice at St Angela's and the team did not have a relationship with the GPs, but the GPs had now fallen under the gaze of the marketing team, and, subsequently, the marketing team embarked upon work to form a closer association with this group.

Meeting with Julia, Emily had discovered that GPs occupied a pivotal position within the existing group of EOLC providers. For many terminally ill patients their GP is a first point of contact, the primary care giver, and a route to referral for EOLC (Field notes, 10th July 2015). Accordingly, the GPs and their practices or surgeries provided an important connection between St Angela's and the local community or, as Paula framed this group, the population of the hospice's catchment area (Field notes, 19th May 2015 and 2nd July 2015). Significantly, the GPs were not one group but worked independently in their own GP surgeries and were not formally connected to each other. The GP surgeries were managed independently, and, whilst complying with the necessary requirements which governed primary care providers, GPs did have some freedom to exercise in commissioning and delivering services which they felt were most appropriate for their patients. In the case of their terminally ill patients GPs had the option to contact St Angela's and set up a connection, which enabled St Angela's to liaise directly with the patient and their family.

During his quarterly talks to staff at the hospice to update all employees on current activities at St Angela's, Alan made several references to GPs, talking about the historical relationship between these primary care givers and hospice care. Alan restated St Angela's "desire to work with GPs" (Alan's presentation, 24th and 25th June 2015), reminding all those attending his presentations, both at the business park and later at the inpatient unit, that the original founders of the hospice "had come from a GP background" (Alan's presentation, 24th and 25th June 2015). Publicly reinforcing the hospice's historical connection to GPs,

Alan was also suggesting that the hospice and GPs had a 'special relationship' amidst a range of associations which both St Angela's and GPs also held with other EOLC providers. By making this key point to all the staff and volunteers who attended the quarterly presentations the point was made that, despite changing conditions in EOLC, GPs remained key stakeholders in the future for St Angela's.

Maintaining a close relationship with GPs was fundamental in the plans which were being made for the future of St Angela's. However, this was based on the scenario of a terminally ill patient who wants to stay at home and be cared for at the end of their lives in their own home. Here the involvement of the GP as well as an EOLC provider, who could offer a range of support, from respite care to the delivery of care at home, is fundamental. Conversely, once a patient is admitted to an NHS hospital their EOLC is coordinated by a hospital. If a patient returns home the GP and hospice may then become involved in a community-based programme of EOLC delivery, possibly with support from social care providers. Thus, when the place of death is at home, or the dying process is managed mainly in a patient's own home, the connection between hospice and GP becomes a focal and fundamental aspect of care provision.

Alan's plans regarding the associations which would be important to the hospice required GPs and new allegiances which Alan hoped to form locally. He explained a current project which involved GPs and several other health and social care providers:

We need to take more of a public health, more of a health planning-type perspective in terms of how we meet those needs. And then the other bit is we need to continually keep thinking about which gaps we fill, and how. So primary care's a great example: I'm convinced we need to align ourselves ever more closely with primary care locally we've partnered with a different organisation, the local GPs, and we're competing against [name of private healthcare provider] for their main contract. I hope we win, but if we don't win, we're going to have to work really hard to try and develop a different relationship with them (Alan, Interview, 9th June 2015).

As Alan detailed the current initiative with this hospice stakeholder, what became clear was a need both to protect and develop St Angela's association with the GPs. Importantly, in considering the hospice's connections with both health and social care providers locally, a different outline of the kind of EOLC which St Angela's may provide in the future was forming. Thinking how to defend St Angela's relationship with GPs, Alan referred to a need for teams at the hospice to 'work harder', encouraging teams to come up with new and different ways to integrate GPs with the hospice's work, forming further attachments between St Angela's and GPs. Examining the role of GPs in EOLC illuminated the potential rivalry within EOLC as other providers, not just St Angela's, might begin to see a benefit in forming relationships and beginning to work with GPs. What emerges is that St Angela's needed to navigate this complicated relationship with a key stakeholder carefully.

6.3.1 A General Practitioner perspective

Complicating matters further for St Angela's, it seemed that GPs were not always aware of exactly what St Angela's could offer their patients. Catherine, a GP who could refer patients to St Angela's explained:

I always felt with my training that I should have done care of elderly – all the population, everyone's getting older. I should have done care of elderly, even if I'd tagged it on at the end When you know what's out there, what services are available to your patients, you can spend a bit more time talking to them and getting more involved, I think But it's also being aware of what the hospice does. I do find I struggle a bit – they've got lots of different groups running, and I really don't know what's appropriate, and I kind of rely on the hospice to kind of direct our patients that way. That's fine. But it's finding out what you do, whether it's going to be useful for our patients: is this a way in?

(Catherine, Interview, 24th July 2015).

Referring to her own lack of training in EOLC Catherine highlighted a common problem for GPs which was that they did not always know or understand what EOLC was currently available for their patients. In addition, and further complicating her own situation, Catherine felt that many local patients and their families did not know about St Angela's or the services offered by the hospice:

What I was surprised – I would have hoped, with all of this happening, that there would be patients coming in to us aware of it, and they would be sort of saying, “Look, I’ve seen this, and I don’t want to be resuscitated.” And not very many – very, very few – have had those sorts of thoughts, or perhaps you have to ask them because they don’t always share them with you. Even discussions with my own parents: “I think you really ought to be thinking about letting us know your wishes”, you know, those sorts of things? And the message hasn’t quite got out to the public in that way, and maybe they’re not ready to hear it. I don’t know (Catherine, Interview, 24th July 2015).

In Catherine’s experience St Angela’s had not been effective in communicating the services that might be appropriate for her patients clearly. This is something which was raised in the EOLCS and which Dying Matters was established to begin to address. On a local level Catherine felt St Angela’s could do more to promote their services which would be helpful to both GPs and patients. Moreover, alluding to the conveying, sharing and publicising of the care and services offered by St Angela’s, Catherine’s comment made direct reference to communication, the area in which some of the members of the marketing team were reputed to have experience and expertise. In Catherine’s uncertainty, a further issue relating to representation arises and how St Angela’s may have chosen to present hospice care. Whilst not referring to this directly what emerged from Catherine’s interview was that for many of her

patients a hospice was still considered as an inpatient unit where one went to die.

Drawing on her own experiences of talking to the terminally ill, Catherine was aware that communication of EOLC was complicated; however she had quickly highlighted an important area which she felt St Angela's was not currently addressing. From her perspective, as a primary care giver in the community which St Angela's served, Catherine had highlighted several important issues. Although only the view of one GP, Catherine's comments prompt further examination of the 'special relationship' which Alan believed existed between hospice and GP, and how, or if, this relationship existed in teams outside patients and services which held St Angela's primary relationship with GPs. If Alan wanted to work harder in forming and developing closer associations with GPs then this seemed to suggest that it was important for teams other than those involved clinically to have some relationship to GPs.

To the marketing team GPs were, according to Kirsten, "really busy and not always very good with their patients" (Field notes, 4th June 2015) and known to individuals such as Nikki only through a "list of labels ready for a mail out" (Field notes, 2nd July 2015). The marketing team had not met any of the local GPs, furthermore, direct contact between the new marketing team and GPs looked unlikely. In the meeting with Julia there was a sense that, because of the referral process, GPs were of the most importance to the clinical teams as opposed to those teams based at the business park. Furthermore, Julia was very

protective of the GPs, questioning Emily as to why the marketing team wanted to become involved in her relationship with them (Field notes, 10th July 2015). In addition, in the marketing team the relationship between St Angela's and the GPs was somewhat hindered because the team were operating without either EOLC knowledge or a healthcare background, so any understanding of GPs in the marketing team was made from drawing on their own individual experience of using this primary healthcare provider.

The clinical team's protection of these hospice stakeholders who played a central role in EOLC in the community showed a somewhat possessive approach undertaken by some teams at St Angela's to defend their work from what they saw as unwelcome and unnecessary attention from the marketing team. Whilst the clinical team held long and established relationships with GPs, Catherine had highlighted an area in which marketing could usefully become involved with GPs, their surgeries and thus reach patients and families. The current situation was not helpful or effective because Catherine did not feel that she had the necessary knowledge of St Angela's or the services it provided to help her patients. Furthermore, with GPs 'belonging' to the clinical side of the hospice it would be difficult for the marketing team to address this area of hospice communications, even if marketing had been aware of Catherine's concerns. Here through Catherine's comments and Alan's plans, the GPs presented a possible 'battleground' for different teams at St Angela's. GPs were a potential area of conflict because they were important hospice stakeholders and, as a key group of hospice stakeholders, any work which

involved GPs could be viewed as very important and a worthwhile undertaking. Thus, if marketing undertook activities which involved GPs this would no doubt be helpful in the team's efforts to establish themselves and marketing at St Angela's. However, any activities which the team undertook involving GPs was going to be carried out without EOLC knowledge, healthcare experience or a clear understanding of the nature of the relationship between St Angela' and GPs.

6.4 Marketing with General Practitioners

In the context of these challenging conditions and the potential barriers to communicating with the GPs, it was interesting to observe how the marketing team began to undertake a small project which required St Angela's to engage with GPs and their surgeries in a publicly funded initiative which St Angela's had successfully bid to deliver. An important project for St Angela's to be involved in implementing, it was also seen as prestigious that a hospice had been awarded this EOLC initiative which required the coordination of other EOLC providers, including GPs. Commissioned by the local CCG, the project was based on identifying patients who were in their last twelve months of life, thus GPs were a vital element of the successful accomplishment of this project. Furthermore, through this project St Angela's had the potential to establish further connections to GPs who were emerging as important actors in EOLC. Besides being an appropriate activity to undertake to provide the 'better'

EOLC, which Alan hoped the hospice could play a part in delivering, securing a new initiative in EOLC showed St Angela's as significant and somewhat remarkable to other EOLC providers as well as other hospices.

Overseen by Paula, the communication was to go out to all 43 GP surgeries and consisted of a covering letter from Paula, which began:

The hospice wishes to increase the public profile of [name of project] to improve equity of access across the area and promote discussion around choice in end of life care both within the [GP] consultancy and across the community GP practice. (Campaign briefing: Live Well Die Well, 19th May 2015).

Accompanying the letter was a pack, which contained:

A campaign briefing sheet, advanced care planning booklet for patients, several A5 and A4 posters, postcards, pen and post-it notes, a leaflet about patients who needed end of life care who also suffered from dementia and a tracking success sheet (Field notes, 20th May 2015).

The contents of the pack had been designed by Sarah and amounted to a substantial amount of material for each of the GP surgeries to receive and accommodate in their surgeries. Examining the choice made by the team of paper based communication as opposed to using email to contact the GPs

reflected more than the utilising of the expertise held by Sarah who had been undertaking the designing of leaflets for St Angela's for over eight years.

Choosing this very tangible medium showed the team's dependence, not so much on the leaflet and letter, but on activities which could demonstrate what it was that this new team were doing. The posters, leaflets, flyers, envelopes and letters amassed in the office, then compiled into a mail out and dispatched, substantiated the work of the marketing team, not just to other teams but also to themselves. A significant campaign for St Angela's to undertake, it was therefore also about building the confidence of the marketing team and showing other teams at the hospice that they could undertake and accomplish this activity effectively.

Paula issued the GP surgeries with advice to display this material at their surgeries and saw no reason why GPs should not be asked to help in tracking the effectiveness this campaign. Whilst needing to provide a measure of the success of the campaign to fulfil a requirement of the funding which had been received for this campaign, the tracking would also be used by the team to demonstrate their effectiveness as well as capabilities. Furthermore, and somewhat significantly, in this instance Paula felt that it was appropriate to ask medical practitioners to play a part in gathering this data. Sometime after Paula's mail out, one surgery telephoned the marketing office to ask for 50-100 more leaflets (Field notes, 26th May 2015); however, after this there was little further response to Paula's 'Tracking Success' (Campaign letter, 19th May 2015) initiative to monitor the communication to the GPs. Then a month later a lone

response form was returned to Paula who was somewhat surprised that the surgery had taken the trouble to return a form that recorded no responses (Field notes, 17th July 2015). Paula was observed slipping this form discreetly into a folder amongst a pile of papers on her desk and the campaign was not openly discussed again during fieldwork. However, Nikki wanted to talk about the campaign in her interview, and observed:

I was quite shocked at the lack of response from GPs with the [name] campaign. I think what really shocked me was how slack they were with helping to sign people onto the register. And I found it a bit upsetting, in a way, that doctors saw themselves as a business rather than helping patients and stuff. They're not signing people onto the register; they're not helping people that are in their last year of life at all, for one reason or another. And I think that's the biggest thing we've got to work on, is getting them on board and helping us Yes. Because they're like our biggest key into the community, really (Nikki, Interview, 16th June 2015).

Disappointed with the GPs, Nikki was also critical of this key group whom she regarded as culpable in not playing their role, or the role which she believed GPs had, in helping patients and families. This reaction revealed Nikki's own perspective of what was appropriate, a view which was a combination of being a marketing practitioner and subscribing to values of St Angela's; however, what emerges is her lack of understanding about how GP surgeries carry out their activities, their purpose and what a GP may regard as an appropriate

activity to undertake. To Nikki it was entirely reasonable that a GP would understand the importance to the marketing team of undertaking the tasks which Paula had asked that they complete. Crucially, without this evidence which Nikki had become used to collecting and collating in her role in marketing, she had no evidence and was unable to verify that these EOLC discussions had taken place.

Ruth, a Marketing Officer, also wanted to discuss the team's first health campaign in the privacy of an interview setting:

But it's a lot more difficult than I thought it was going to be. The trouble is – it's not the trouble – but the problem that we might face is the call to actions. Because, as Kirsten was saying earlier on, it's kind of like a public health campaignand it's not go to the website and turn up, or donate online or, you know, go into one of our shops. It's not an actual tangible something that they can do. It's with the whole us being more business-like, is that we need to have measurements; we need to have return on investment; we need to be able to prove that actually what we're doing is working (Ruth, Interview, 26th May 2015).

GPs formed an important part of St Angela's territory, and building a relationship with GPs was the first attempt by Paula to engage with these important stakeholders because such relationships had previously been contained in the clinical teams at the hospice. Disappointingly for Paula the

marketing team could not demonstrate any effect or benefit to marketing becoming involved in what was, essentially, a relationship held by the clinicians of the hospice. Employing her trusted marketing measures to be able to prove the success of this first campaign the new team were not able to promote their achievement to the rest of the hospice because, from the response they had received it, was unclear whether GPs had felt this to be an effective initiative by St Angela's.

The approach which Paula and the marketing team had taken highlighted how dependent the team had become on tools of measurement based on their work with fundraising. The work with GPs was showing the team that applying such ideas and other trusted marketing tools and concepts indiscriminately to other teams was proving to be more complex than Kirsten and Paula had anticipated.

6.5 Chapter discussion

The 'producing' of a market (MacKenzie, 2006), and marketing's role in this process (Cochoy, 1998, 2015), begins to emerge in this chapter through attention to the practice or collective action of what Cochoy and Dubuisson-Quellier (2013) described as the people, their occupation and devices in and at work in a market. As such this chapter focused on the micro practices which the marketing team were undertaking at St Angela's and, importantly, the empirical material included in this chapter has shown a further way of

'organising' in the study of markets. Drawing on the academic literature relating to the sociology of markets (Granovetter, 1985), what surfaced from the relationships and networks which Alan, Eleanor and Kirsten discussed and were negotiating, has shown the importance of considering a contribution from people's associations, friendships and interactions in this study of markets. For example, through chairing the RCG and working with the senior leadership team of another hospice as well as a cancer charity this chapter has included what Miller (2002) described as the 'flesh and life and relationships' (p. 323) which he wished to see included in the study of markets. Indeed, Miller argued that these aspects were sometimes neglected in Callon's (1998, 2015) overly linear and rational approach which at times excluded all that was and became involved in the structuring and functioning of markets and the processes of the marketisation.

The examination of the activities which different individuals were undertaking also highlights that not all actions and actors are equal; some influence the forming of markets more than others. As CEO, Alan had been designated with authority to carry out a key role at St Angela's; however his personal conviction about what should be happening both at in hospices more generally and St Angela's was at times passionate and evangelical, extending what might have been expectations of undertaking this role within another organisation. Thus, to interpret his role Alan's drive and ambitions can be understood as an example of what Storbacka and Nenonen (2011) considered 'performativity and clout' (p. 249), which they identified after focusing on market actors who they

believed demonstrated significant authority and subsequently influenced what proceeded, first locally but sometimes beyond, which in this case means at a sector level. Moreover, amongst other staff at St Angela's, actions at times illustrated the role proposed by Fligstein (2001) of a skilled social actor (p. 107), for instance Eleanor had useful expertise in clinical commissioning as well as seeking funding and Kirsten could draw from several years working in the hospice and other organisations in public relations and communications. Here individuals may have cast disproportionate influence in directing specific day-to-day activities which were being undertaken and, consequently, on the significant role undertaken by St Angela's in marketisation processes.

Examining local practice at a micro level outlined how activities undertaken at St Angela's might draw on a combination of beliefs and previous experience. Acknowledging a role of relationships in markets, Geiger et al. (2014) advocated the importance of recognising the 'plurality of social relations of a new kind' (p. 3). Drawing on the study of more complex markets with multiple values and their consideration of what is 'at work' in an emerging market, Geiger, et al. urged researchers not to 'purify' (p.3) a market from the continuing effects of social connections. Certainly, activities being undertaken by Alan, Eleanor, Paula and Kirsten are seen to be connected to their concerns about what is currently ongoing in EOLC, in St Angela's, and to reflect their wider experiences drawn from outside this sector. Here through the work of both Fligstein (2001) and Geiger et al. the importance of including these

relationships in the configuration of a sector or marketisation of an area of society can be substantiated.

In contrast to what can be added to the understanding of market configuration from existing or developing relationships, this chapter also showed the effects and consequences of a relationship which was absent. Despite being a key stakeholder in the hospice, the GPs were a group with whom marketing had no affiliation and, furthermore, were 'attached' to an area of which the marketing team had little knowledge. Thus Paula's work and the use of the recognised marketing tool of 'niche marketing' was not only to build a relationship with this important stakeholder group and recruit the GPs. Here building the hospices 'territory' could also be understood as attempting to establish and stabilise an area in which marketing work could be measured and hence seen by others as being 'effective'. Drawing on the work of Kjellberg and Helgesson (2006, 2007) who sought an understanding of market practices by relating these activities to marketing practice (2007, p. 142), Paula's activities were examples of what Kjellberg and Helgesson described as practices capable of enacting or accomplishing in a market setting (2006, p. 843), but also examples of something further. Hence, what began to emerge through examining the marketing practice at St Angela's was the important role of marketing tools and concepts as well as artefacts such as the map, in part to substitute for a lack of context specific knowledge; frameworks and things were a fundamental part of constructing and carrying out a practice (Mason et al., 2017; Venter et al., 2015).

Searching for a way to begin her work Paula spoke about and used what Cochoy (1998) labelled as the 'reference of action' (p. 217), or the terms and concepts of marketing Cochoy saw in constant use in marketing practice. Drawing on these trusted tools to support her work her actions were therefore undertaken not only to establish an area of operations but also to use the map to delineate a field of practice for marketing. Clearly accomplished in aspects of the marketing discipline, and proficient at using a range of such tools, here what is interesting is not so much the tool itself but the purpose of its deployment. Kjellberg and Helgesson (2006) explained this as a local but also wider 'chain of translations' (p. 846) and as a process which could change at a local level but also transform beyond the micro level at which productive market practice might have taken place. Thus, performing micro activities, the marketing team are, as Czarniawska (2009) described, capable of generating changes at a macro level. In this chapter this was shown through the first action of the team's practice and their use of the marketing tools and frameworks which performed the gathering of who may be involved in marketisation (Mason et al., 2017).

Carrying forward the ideas of translation further allows for the illumination of secondary consequences which emerged from the micro activity of choosing to create a map representing the territory for the hospice. More than an activity described as STP (segmenting, targeting and positioning) (Venter et al., 2015, p. 64), or the employment of what Cochoy (1998) described as a frequently used marketing framework, the production of segments for the targeting and

positioning of a product or service was employed by marketing in legitimacy building. The actions of the marketing team can be understood in light of the work by Venter et al. (2015), who saw some marketing activities undertaken by those who have a vested interest in maintaining their authority (p. 77).

Returning to the map, which marketing did not have, fundraising had but did not use, and the clinical teams made regular use of, and drawing on the ideas of legitimacy building, this analysis raises questions as to who needed and wanted such a map and why. Referring to the use of tools such as segmentation, this chapter gives further credence to suggestions by Marion (2006) who discussed these and other marketing practices which he saw as deployed by marketers to create and secure an acknowledgement for effective and recognisable marketing practices.

6.6 Chapter summary

Focusing on the marketing practice being undertaken at St Angela's, this chapter analysed the work which was being undertaken with key stakeholders, such as GPs, who remained outside the direct control of either the marketing team or the wider hospice. Importantly such fundamental actors in EOLC were also closely associated to another team at St Angela's and an area with which marketing had little experience or influence. Examining the activities that the marketing team were undertaking with such stakeholders, as well as why they were doing this, has raised questions as to what the marketing team were

hoping to achieve in the work which they had begun to carry out. What emerges from this chapter is that the marketing team were trying to prove themselves to other teams at the hospice. Thus the work which Paula and the team were undertaking with the map, with GPs and with other hospices demonstrates defending and protecting existing projects whilst, at the same time, trying to grow and expand areas of influence, or a marketing realm or 'territory'.

This chapter has proposed that marketing practice being undertaken at the hospice was to achieve the strategic aspirations of St Angela's but furthermore to justify a newly established team, the continued resourcing and existence of marketing practice and a role for a marketing team within the organisation. The final empirical chapter develops the notion of legitimisation through a focus on aspects of marketing undertaken with other teams at St Angela's which was at times carried out to control and influence the practice of other teams furthermore to build a realm for marketing.

Chapter Seven

Marketing Knowledge, Control and the ‘Difficult’ Market Object

Introduction

From their new office at the business park the marketing team had begun to consider how to set about establishing marketing at St Angela's. As the previous chapter highlighted this involved the marketing team trying to broaden the reach of marketing practices and extend their influence across St Angela's. As a dual role for marketing emerges, the need of the marketing team to establish a defined presence in St Angela's as a legitimate function but also to demonstrate the work of marketing in practice, this final chapter focuses on the team's conviction in the relevance of their marketing expertise to the work of other teams at St Angela's. This belief in the need for marketing at the hospice and that they be involved in all marketing activities was operationalised through a tight control on branding and the existing communication activities at the hospice.

In Chapter Six a lack of understanding of the clinical work, and in particular the work of GPs, hindered the marketing team, and this is an area which is developed further in this chapter as the marketing team's lack of formal understanding of the 'difficult' areas or the death, dying and EOLC is discussed.

In so doing this chapter explores the ‘conditions’ (Austin, 1962) associated with performativity: what is put in place, and importantly, how knowledge can be marshalled to bring about what is considered as effective, performative marketing practice (Lyotard, 1984). Accordingly, this chapter describes the attempts of the marketing team to control and manage marketing activity, and a key theme which emerges is how an appropriate but effective representation of both the hospice and the terminally ill individual was maintained (Diaz Ruiz, 2013, 2017). This chapter develops the suggestion of representational practice as a key part of marketing, shows how this practice is deployed and begins to question why a particular depiction of death and dying was being maintained by the hospice through the activities of the marketing team.

7.1 Purposeful marketing

The marketing team at St Angela’s had been moved into new offices at the business park having been previously “tucked away” (Kirsten, Field journal, 4th November 2014) in a small space stacked with brown cardboard boxes situated along a corridor of donated items over spilling from the hospice’s retail depot. At that time marketing at St Angela’s had consisted of two individuals and Kirsten described herself and her colleague:

It was a comms team, essentially. And actually, even over the past few years, has still been doing a lot of comms work. The only marketing side

of it is producing marketing claptrap, you know? So it has broadly been a comms team for such a long time. And yes, it was kind of sat within fundraising. It was a fundraising resource, that it was there to kind of make posters (Kirsten, Interview, 20th May, 2015).

Kirsten outlined her day-to-day work at St Angela's as having mainly involved communicating the activities and events which the hospice was undertaking to raise funds for St Angela's, for example promoting St Angela's annual Midnight Walk. Recently extended to include marketing, Kirsten differentiated marketing from communications activities but described the marketing activities previously undertaken at the hospice as having been somewhat empty and meaningless endeavours, highlighting Kirsten's confidence in carrying out communication work in contrast to some uncertainty about marketing. Promoted to the head of this newly expanded team Kirsten was considering what undertaking her new role meant, outlining this as several ambitions which she saw that the marketing team at St Angela's needed to achieve:

Branching out and really what impact we could make if given the chance I've been given the chance to prove the impact that we can make. So it became broader, so that the scope then changed of what the team was doing (Kirsten, Interview, 20th May 2015).

Focusing on showing that marketing was worthy and proving how marketing's resources might be employed effectively was clearly a priority for Kirsten and, in the same way that Eleanor and the business strategy team needed to justify Alan's sponsorship, Kirsten saw that activities of her team had to be seen by other teams and individuals at St Angela's as being successful. Notably, marketing's focus was on undertaking the activities which might prove the team's worth, indeed, substantiate the investment which the hospice had made in marketing. Consequently, the range of activities Kirsten had begun to plan for the team to carry out might be considered as being primarily undertaken to demonstrate and justify the position of this new team at St Angela's. In addition, analysing the range of activities which Kirsten directed the marketing team to undertake could reveal the extent of her own understanding and experience which had, up until this point, been acquired through carrying out communications activities for the fundraising team. Thus the challenge for marketing was as much a personal test of the individuals in the team as that of the purpose of marketing and the function of this new directorate in the hospice.

As part of the process of setting up her new team Kirsten, together with Paula, had planned and held an 'away day' and chosen to bring in a recognised marketing expert to facilitate the proceedings. The entire team had spent the day discussing the role and purpose of the marketing team at St Angela's, enlisting the help of the marketing expert, an external consultant, to prepare the 'Marketing Team Purpose and Function' (hereafter the MTPF document)

(2015), a discussion document which had been used as a basis for the day. Here choosing an expert in marketing, not hospices or EOLC, the consultant had been employed by the hospice to share understanding gained in several different organisations and which Kirsten considered would be useful for the marketing team. Interestingly, the receptive marketing team appeared to have embraced several of the concepts and themes introduced during this day. For example the MTPF contained the suggestion that organisations had ‘silos’ (ibid) and that silos needed to be ‘broken down’ (ibid), indeed, that marketing had ‘a function of breaking down walls and silos in the organisation and building new function across teams’ (ibid) which the marketing team seemed to have ‘adopted’ from this text.

‘Latching on’ to this portrayal of the hospice the document and away day had given the team some guidance as well as some vocabulary to express how they were feeling, presenting the hospice as a separated organisation. Interestingly this idea of division at St Angela’s was identified as an opportunity for the marketing team. Addressing what they saw as conflicting views amongst the teams was an area in which they saw that they could direct their activities and, if successful, this achievement would be credited to this new team.

Alternatively, this representation of St Angela’s was a ‘useful insurance’ in that a disjointed organisation also prepared a reason for any difficulties which they might encounter in carrying out their activities, something which it appeared was being considered at this early stage by the team even when they had yet to undertake any activities.

Employing the language introduced in the away day document, and using this to outline a problem, Kirsten proposed that there were differences between the purposes of teams at St Angela's:

Because fundamentally, that's why we're here. We're here, you know, all of our jobs exist – all of them – for patients and families. That's why we're here. And I never forget that, and I encourage my team never to forget that. And I think sometimes people get stuck in their silos, particularly disjointed teams like retail, for example, and things like that. People, when they've got income targets and figures to hit and all that business side of things, it's very easy to kind of feel very disjointed and kind of separate from that (Kirsten, Interview, 20th May 2015).

Describing the physical separation by function into offices of marketing and other teams at the business park, as well as the other sites of the hospice, Kirsten was asserting there were different working practices in teams at St Angela's. Furthermore, in outlining the disparate working practices at the hospice as a wider organisational 'problem' this supported the idea that uniting teams through a common practice was an opportunity. In addition, Kirsten proposed that the only justifiable focus of a team's activities at the hospice was, in her view, patients, families and EOLC. Accordingly, she was identifying a common purpose and what she felt should form and shape all the work being undertaken by all the different teams at St Angela's. Thus, Kirsten illuminated that at times the focus of activities at the hospice was not EOLC and that other

principles were beginning to direct the work being undertaken at the hospice. Importantly, Kirsten's questioning of the purpose of the day-to-day activities in teams revealed that some independence and a break from universal attention to the general principles of hospice care was already under way.

Agreeing with Kirsten and using the same language to express her concern as well as to show solidarity with Kirsten and the themes which the team had adopted in the marketing team away day, Ruth explained:

Probably the biggest weakness is the whole silo effect But you know, because we have so many teams, and ultimately we are all trying to reach the same goal, but we're just going about it in different ways, which is what part of our jobs are. But there's no clear connection between all of us (Ruth, Interview, 4th June 2015).

Ruth was more hopeful of a common objective across teams. However, during a challenging time in which both EOLC and St Angela's was changing, what emerged from the marketing team was a belief that each team at the hospice was more concerned with achieving their individual aims than working together with collective purpose. Importantly, if the current conditions at St Angela's were regarded by marketing as such that different teams were working independently, in the ways described by Kirsten and Ruth, then it was important for marketing to have their own objectives and decide what would direct marketing activities. Paula was beginning to examine what guided the

other teams at St Angela's and puzzling over what the focus and role of marketing at the hospice could be:

Well, I don't know; it's obviously just from what I've sort of learnt – that actually a lot of the money is coming from sort of the clinical side of things, and the commissioning groups and the grants So it's very difficult, because actually the fundraising team are actively going out there, and they're the ones you're seeing and they're trying to raise money and they're in the community, but actually, there's probably a different shift towards where we actually can make the money So you know, there's that difficulty with at the moment, defining who we are and what the roles and jobs are (Paula, Interview, 26th May 2015).

Focusing on the financial contribution which several teams made to St Angela's, Paula identified raising money, securing grants and finding new areas of funding as providing a clear purpose for these teams. Moreover, Paula realised that these teams had an effective measurable contribution and impact, through which to justify their continued existence at the hospice. Here, whilst Kirsten had placed EOLC as the universal principle of the hospice and what the teams should be focusing their activities around, Paula saw generation of income to sustain as well as grow St Angela's services as an alternative and potentially more appreciable focus for the marketing team. Importantly, if centring activities on EOLC, patients and families was not going to produce the necessary quantifiable results, this raised a problem for the marketing team.

Indeed, if achieving EOLC principles as well as producing specifiable results were considered as incompatible objectives this had implications for the work the marketing team undertook. Here the question became what work was more important for marketing to undertake: activities to promote EOLC or activities which strengthened the position of the marketing team at the hospice.

The more business-like less hospice-like approach which Alan had introduced to the teams at the business park had begun to raise dilemmas for teams such as marketing as they considered the undertaking of activities which were effective and quantifiable and could be attributed specifically to the work of one team. In addition, the marketing team had decided to embark on an even harder task which had been outlined in the final part of the MTPF document (2015). Kirsten's area of expertise in communications was clear in the proposal that the marketing team took on 'a responsibility for outside PR and being the face of the hospice – and a role in assisting the hospice to break down preconceptions about death and dying' (ibid). Again, the team were planning to adopt the proposal of the marketing expert brought in to provide marketing expertise, undertaking to make a representation of the hospice in the same way marketers of a brand might plan and execute a communications strategy. However a discussion in the marketing team around how appropriate or achievable this was did not seem to have taken place.

Essentially an enormous endeavour, this proposal in the MTPF document (2015) reflected not only Kirsten's expertise but also her aspirations of addressing the needs of families and patients, what could be considered as the original hospice principles around which St Angela's had been formed. Here an attempt was being made to connect the work of the team to wider discussion about death and dying, the societal concerns raised in the first national 'End of Life Care Strategy'. However, in practice undertaking this work could be problematic for the team and incompatible with activities which could demonstrate some more immediate value of a new marketing team within St Angela's. Considering the purpose and function of the new marketing team had developed into a dilemma of how best to substantiate a new marketing team at St Angela's at a time when different objectives were emerging amongst the teams at the hospice.

7.2 Representing marketing

A large part of the MTPF document (2015) had been devoted to addressing the role and the tasks which the marketing team should be undertaking at St Angela's. The document and the away day had focused individuals in the team on considering what they should be doing to secure the position of marketing as a key function at the hospice. Accordingly, it had been quite an introspective activity solely for the marketing team. Conversely, the new marketing office which Kirsten had also been establishing had made a much more immediate

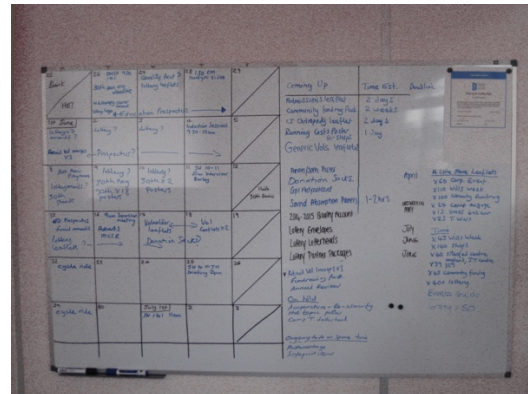
impact at the business park. The new marketing offices presented a very public, instant display of marketing activity to anyone walking past or looking in through the frosted glass panel or open office door (Images 4 and 5). To counteract the delay between the arrival of a marketing team at St Angela's, the emergence of marketing activities and the credit to marketing of any initiatives they undertook, the marketing office was immediate and made a presentation of the arrival of marketing and a display of the work with which the team were engaged.



(Images 4 & 5, Marketing office, St Angela's hospice, 23rd June 2015)

The display of marketing activity was made on several whiteboards and noticeboards mounted on the walls of the marketing office that listed numerous projects with which marketing were involved over the following three months, as well as details of all the leaflets, posters and flyers which were being researched, designed and produced for different teams at the hospice (Images 6 and 7, p. 246). Certainly, the boards offered evidence of a range of activities in which marketing was actively engaged across many different areas,

although on closer inspection the boards were often very out of date (Field notes, 12th May 2015 and 19th May 2015).



(Images 6 & 7, Whiteboards on walls of marketing office, St Angela's hospice, 23rd May 2015)

During what appeared to be a systematic review of her own work for the next few months, Nikki, the most junior member of the marketing team, 'suddenly started updating all the boards' (Field notes, 23rd June 2015) and revising all the activities and deadlines across all the boards which took her some time.

Undertaking to bring the boards back to presenting the current activities of marketing at the hospice reliably, at least for the next few days, Nikki appeared to recognise that the boards had a part to play in representing the activities of the team, contributing to what could be observed by people walking past and peering through the open door and the frosted glass window. It was clearly important to Nikki that all the work that she and the team were engaged in undertaking had the possibility of being acknowledged by others.

The role of the marketing team's whiteboards and noticeboards was particularly interesting because, whilst making a visible representation of a busy and productive marketing team to the other teams at the hospice, the accuracy and specific detail of what the team was undertaking was to be found in electronic spreadsheets and documents. These were updated every day by the team and linked into other spreadsheets but located on the hospice intranet sites with access limited to only the marketing team (Field notes, 2nd July 2015). Therefore, what the marketing team actually undertook was hidden. Consequently, the specific accuracy of the boards was unimportant and unrepresentative of the marketing work carried out, and the purpose of the boards was in displaying and contributing to an overall sense of marketing productivity. Furthermore, even if the marketing team were not in their office the boards showed what marketing was undertaking thus continually reminding all who passed the offices, or came in to speak to the team, why marketing and a marketing team was needed in the hospice.

Kirsten, Paula and the rest of the newly formed marketing team were engaged in a range of activities which they believed were necessary to change the purpose and function of their team, transforming the communications team at St Angela's into St Angela's marketing team. At this uncertain but important time for the team the MTPF document (2015) had provided a useful beginning and foundation, furnishing the team with several terms and concepts which they readily accepted and employed in their work. This document, the team away day and the careful setting up of the marketing offices by Kirsten offered

a productive presentation of a purposeful marketing team who were already actively involved in carrying out a range of effective marketing activities at St Angela's.

Behind this veneer of purposeful practice it was clear that the actual purpose and function of marketing at the hospice, as opposed to the previous activity of communicating St Angela's events and services, had yet to be outlined. Thus, as the team deliberated about what they should be doing and what undertaking marketing at St Angela's involved, hoping that this would become apparent, Kirsten had undertaken to put in place the conditions from which she believed productive marketing practice would occur. However, as the newly formed marketing team struggled to work out how to achieve Kirsten's and Ruth's ambitions for marketing at St Angela's, marketing practice, or what individuals in the new team were doing on a day-to-day basis and regarded as marketing activities, was put under mounting pressure.

Unlike other teams, marketing had been equipped with flexible and mobile technology to allow activities such as recording, editing and word processing tasks to be carried out anywhere (Field notes, 20th April 2015). In practice the team preferred to stay within the familiar surroundings of their marketing office working together, mostly remaining undisturbed, and continuing to carry out tasks which had been undertaken when the team was a communications team, such as designing posters, updating social media and working on promoting fundraising events (Field notes, 17th July 2015). At times

working amongst the team in their comfortable and well equipped offices it was very easy to forget the tough and challenging work which was being undertaken by the clinical teams with patients and families at St Angela's inpatient unit and day centres (Field journal, 26th June 2015).

Despite the new office, portable equipment and the move to be alongside teams at the business park, Emily, commented that the marketing team remained "a little bit sort of hidden" (Emily, Interview, 15th June 2015). Emily's view was important because it was at odds with the newly central and very visible location which Alan had facilitated, and Kirsten had established, for the marketing team. Thus, in her reference to the visibility of the marketing team Emily illuminated deeper issues about how she saw marketing's connection with the other teams. Emily raised concerns about how this new team was going to undertake a new activity which needed to encompass the entire organisation. Moreover, with the team's reluctance to move outside their office, how would the marketing team branch out or achieve the involvement Kirsten had set out?

The next part of this chapter considers how the team were negotiating their new roles at the hospice and the activities which they were undertaking as they set about trying to establish both their individual roles and the team, and to justify the hospice's investment in marketing.

7.3 Performing marketing expertise

Making the transition from the previously small communications team to become a larger marketing team was proving to be problematic because it appeared that the marketing team were currently unsure about how to begin ‘doing’ marketing at St Angela’s. Paula wanted the team to become involved in every area of work at St Angela’s, but in practice she was not very clear about which activities in other teams the marketing team could be undertaking to demonstrate their usefulness. In one instance, in her determination to get the individuals to work on activities which were underway in other teams across the hospice, Paula commented, somewhat humorously but with a serious intent, “How do we muscle in on the [name of project]?” (Field notes, 16th June 2015), expressing her frustration that marketing was not involved with a new project underway in a team involved in income generation at St Angela’s. Indeed, a phrase noted down several times in the marketing office was to “jump on it” (Field notes, 12th May 2015 and 19th May 2015) which was given as an instruction between team members when news of a new or on-going project at the hospice reached the marketing team.

Whilst humorous to observe, the joke made by Paula revealed not only that the marketing team did not seem to know what they should be doing but, in addition, did not know what other teams at the hospice were doing. Resorting to employing humour to encourage each other to get involved in more, or possibly any, activities being undertaken by other hospice teams, what emerges

is that, amidst the pressure for individuals to justify their appointments by achieving effective results, there was still an absence of detail as to exactly what it was that the team should be doing. Paula was advocating involvement by marketing in a range of hospice activities meanwhile it remained unclear what a team member from marketing would be adding to a project underway in another area of St Angela's. Kirsten explained the instructions that she had given to the marketing team:

Don't come to me and moan at me saying people aren't taking you seriously or people saying you're not doing your job properly, or this, that and the other, if you're not performing. Because actually you need to put your money where your mouth is. It's not just about you have this reputation; it's instant. You need to prove yourself. So prove yourself, and then you've got every right... (Kirsten, Interview, 30th June 2015).

Kirsten was keen to acquire a status for marketing, explaining that once the expertise of the marketing team had been acknowledged at St Angela's this would justify their involvement in the activities of other teams at the hospice. The expertise-based reputation of the team was going to be established by undertaking work which would produce effective and measurable results. Using the promise of her own 'expertise' in marketing Kirsten outlined what she saw as her own proficiency to explain how she would deploy this at St Angela's:

Whereas the other teams that I work with aren't asking for that as a resource; I am proactively going in there and saying "right", and starting to be involved in what I consider to be marketing. So rather than saying "this is a product – go sell it", me being able to look at kind of more strategic stuff with them, and actually them trusting me as being the expert to do that People won't ask for that, but if you want to be seen as the expert person, you need to put your neck on the line and do the work (Kirsten, Interview, 26th May 2015).

Here Kirsten's view of marketing expertise, specifically as marketing skills to be applied to the existing work of teams at the hospice, and as a route to effective and productive engagement in other areas of the hospice, was materialising. However, any proficiency in the kind of marketing activities as opposed to the communication activities which she and her colleague had originally undertaken was, in practice, only held by members of the marketing team who had joined the hospice from a for-profit marketing background. In addition, Kirsten was assuming marketing expertise was identified by specific activities which required skills but that these talents did not necessarily have to be specific or appropriate marketing knowledge. Kirsten was of the view that experiences gained in for-profit marketing in other organisations which were not hospices or even healthcare providers, once applied, would be of 'benefit' to the activities of teams at St Angela's. Here an approach and basis for marketing practice at the hospice can be seen to be forming in which universal

marketing tools, models and concepts are being transferred and then applied somewhat indiscriminately in different contexts.

Referring to communication as a key area of the marketing skill in the team, Ruth revealed that it was these activities involving promoting the events being undertaken by the hospice which constituted current marketing expertise:

I think that working in the marketing and comms team, there's always going to be an understanding of why things have been done in a certain way, because we're communications. We're always going to have some involvement in that. You know, we're always going to – well, I'd like to think people are always going to come to us and say "OK, how do we get this message out there?" So we're going to know the reasons behind it and then what the key messages are, and that sort of thing (Ruth, Interview, 4th June 2015).

7.3.1 Systems of control

Ruth's examination was not only of what expertise was held but, significantly, how it was retained and deployed. Ruth introduced 'control' and in so doing raised an interesting aspect of how the team's expertise in communications had come about. What emerged during fieldwork was that other teams at the hospice had no choice but to come to the marketing team to 'get a message

out', as the marketing team retained full control of all the hospice's communications tools (Field notes, 5th May 2015 and 26th May 2015). Accordingly, as the only individuals at St Angela's with access to these communication tools and platforms, if teams wanted to advertise the date of a training day for nurses on the hospice website, announce a fundraising event on Twitter, promote a donation from a local business on Facebook or design a poster for a fundraising bingo night then the marketing team had to become involved in carrying out these communications (Field notes, 2nd June 2015), thus making the marketing team indispensable. Here an alternative view of the marketing team's expertise emerges in which their communication 'know-how' had been acquired through placing restrictions on access to organisational communication tools. In keeping these away from the other teams at the hospice, marketing were the only individuals able to develop or build a proficiency in hospice communications. Here the actions of the team in controlling hospice communications, protecting this area of their marketing work or expertise, was in reality contributing to the very idea of separated and isolated practice or the 'silos' which they themselves had previously argued formed an undesirable way of working in teams at the hospice.

Beyond retaining control of the flow of the hospice's communication platforms, Nikki detailed another area of governance that marketing was undertaking through their control of the language employed in hospice communications:

Yes, also the right terminology, the right language, that everything's saying the same thing. Sort of keeping everything in a tight ship and in line, I think So I think it's made a big difference, because we can spend the time working on these projects and really working well on them, and making sure everything is tight and how it should be, like professional, before it goes out. Whereas before I don't think they had as much time to do all of that so we weren't able to keep such a tight ship on it all (Nikki, Interview, 16th June 2015).

Here, supporting Ruth, Nikki perpetuated the view that only the marketing team had the relevant expertise required to accomplish these tasks, using business-like terminology and insisting on a specific type of language. Indeed, in Nikki's suggestion that only marketing could provide the necessary expertise in communications the marketing team implied that only they understood the specific and appropriate language which was necessary in hospice communications.

To formalise the processes which have been described by Ruth and Nikki, Paula had established a marketing request form, available in electronic or printed format (Appendix K), laying out the procedure by which teams who wanted to ask for any printed material, such as a leaflet, flyer or poster, went about making this request to the marketing team. Once received this request was allocated a number and logged onto a specifically designed excel spreadsheet held by Paula (Field notes, 11th June 2015). With over 75 different

leaflets on a range of services, appeals and events in addition to numerous posters and flyers which were distributed to all hospice sites as well as several organisations and venues locally, managing this system occupied a substantial amount of the marketing team's time (Field notes, 15th June 2015).

Enforcing marketing's influence on all communications by the hospice, the request form was a subtle attempt to bring teams into line with the stages the marketing team felt that any hospice project should go through. Imposing some planning on the vast number of communications required might be viewed as introducing a system which ensured the teams got the material they wanted ahead of the actual activity; however, this form and the continued control of hospice communications also validated the team during a time in which were trying to establish their role. This artefact formalised the marketing processes at St Angela's and was a small but contributing part to establishing the function and 'approach' of marketing. Managing all St Angela's communications was the team's anchor, but despite the request form and other attempts to maintain authority over all communication, one day, just as the marketing team were getting ready to leave at the end of the day, Kirsten noticed that an email had arrived from the bereavement team. The email had been circulated to the entire hospice promoting an event for staff, volunteers and organisations that were associated with EOLC, instructing that an attached poster should be printed off and prominently displayed.

Paula, Sarah, Kirsten, Nikki and Ruth gathered expectantly around Kirsten's computer, waiting for Kirsten to open the document, there was a moment of suspense whilst the team took in what appeared on Kirsten's computer screen, then Kirsten spoke first asking:

What's the purpose? They haven't used any form of template.

Paula puzzled:

How can they have time to design a poster?

Then after carefully casting her professional eye over the rogue poster, Sarah said:

Well at least the colour choices, image size and choice of type face have been chosen sensitively (Field notes, 16th June 2015).

Kirsten confirmed with Paula that no request had been made using the marketing request form for this communication and the team disbanded leaving 'Kirsten thinking about what to say and how to respond in the end taking quite a lot of time to compose an email back to the individual's line manager' (Field notes, 16th June 2015). Interestingly, after this incident the 'rogue' poster was not mentioned again in the marketing office and failed to materialise on any of the notice boards around St Angela's.

The rogue poster had reached a considerable audience without first passing through the various design stages controlled by the marketing team through the request form. A clinical team had chosen to bypass marketing to promote an event which meant that either the bereavement team had not fully understood the purpose and use of the marketing request form, or it was understood but had been ignored. In creating and distributing their own poster the bereavement team had chosen not to use St Angela's design guidelines established by Sarah; consequently, producing their own poster circumvented a process put in place by the marketing team which was meant to apply to all printed material distributed by St Angela's. Choosing not to follow the process of completing a marketing request form, disregarding this requirement set out by marketing, may have reflected this team's view of marketing and, specifically, the relevance and usefulness of the marketing expertise which the marketing team held for the event which they wanted to promote. The team who produced the rogue poster had shown that they felt equipped with the necessary skills to undertake this endeavour themselves and to design their own poster delivering the announcement and conveying this specific piece of information without a contribution from the new marketing team.

Importantly this incident proved that teams at St Angela's need not comply with the process put in place by marketing to produce a poster, get it circulated and have an event promoted. This activity may have been more typical during the time when the old format of a communications team associated with fundraising had existed at St Angela's. However, if the disobedience of the

bereavement team was viewed by other teams as an effective way to achieve their own team objectives without requiring the resources of the hospice's marketing team, the rogue poster incident questioned the purpose and function of the marketing team at St Angela's, and how the team were going to bring other teams around to seeing the marketing team as an expert resource which would be of benefit to other teams. Whilst trying to expand their role at the hospice, what became clear is that within some functions and teams at St Angela's the marketing team had yet to establish a basic relationship of helping teams in design and presentation of communications, the very area in which marketing believed they had securely established a reputation at the hospice. Paula explained her view of the current position for marketing:

Well, at the moment it's very much seen as a sort of service, so someone will put in a request, put their copy down or whatever, and there's their leaflet delivered. And actually, what the team want is to say, "What is the purpose of that leaflet? Is it fulfilling the need of the people that have it? If not, what can we advise for them to do?" If it's a campaign and they want to go out to such and such, is there something that we can advise? So basically becoming seen as the experts and, actually, in any of the organisations I've ever worked in, the marketing are – they're known as a clique because they're a certain type of people that have that knowledge and actually don't just go off and do their own thing. Well, some people do, but generally they come to the marketing team for advice But actually, here, I feel like some teams know we exist and

want to utilise every minute we've got of every day, and other teams just don't know that we're there. So it's kind of like trying to tone down the people that just think we're there for them, whilst trying to increase your availability for other teams (Paula, Interview, 25th June 2015).

In undertaking to protect and maintain the marketing team's role as the providers of the hospice's communications such reinforcement of this specific function was proving problematic. Paula expressed her frustration that teams at St Angela's had yet to understand the contribution which marketing could bring to the work which they were undertaking and planned to educate other teams about what marketing could achieve. She was exasperated that what she saw as the purpose of a marketing team had yet to be universally understood. The issue of what would constitute the expertise which the team wanted to offer is raised, although again it remains unclear as to what exactly Paula considered that St Angela's marketing team possessed and could offer to other teams at the hospice.

7.3.2 Working with different areas

The opportunity which Paula wanted, the possibility of making a connection to a new team, was presented during a new staff induction day. Following a short presentation about the role of marketing at St Angela's a nurse working within one of St Angela's clinical teams asked Kirsten "what to do when people have died [and] their family and friends want to do something to help and continue

to support the work of the hospice?” (Field notes, 4th June 2015), highlighting a period when just the nurses are present at the bedside supporting a recently bereaved family in the inpatient unit at St Angela’s. The ensuing interaction between the nurse and Kirsten was thought-provoking because the nurse had presented Kirsten with a problem to solve, exactly the situation which the marketing team had been seeking. Moreover, in asking the marketing team for advice she clearly thought that the team could help. In response Kirsten gave the nurse a range of leaflets which the team had been involved in producing to promote fundraising activities such as on commemoration, ‘in memory’ giving or bequests to St Angela’s and a recently produced leaflet on bereavement support services.

Trusting the leaflets to fill a gap and solve a problem in this difficult moment between Kirsten and the nurse, as well as nurse and bereaved family, the appropriateness of Kirsten’s actions, seeing the leaflets as the solution to the nurse’s question, was not debated after the nurse left the office. Kirsten and the marketing team were pleased with the outcome of this encounter seeing this as a small victory in their battle to get involved with other teams around the hospice. However, contrary to Paula’s desire to broaden the range of activities, in this first encounter between the marketing team and a nurse Kirsten perpetuated the production of a variety of leaflets, and, whilst a leaflet might well have been the most appropriate response, what was noteworthy in this instance was that when dispensing the leaflets Kirsten had not appeared to consider or provide any other alternatives. Thus it is possible that the nurse

would have left understanding that producing and circulating leaflets, and possibly nothing else, was the key function of this team within the work of marketing at St Angela's. When working with new teams it seemed that the marketing team would resort to applying the methods established in existing relationships with teams such as fundraising and with whom they had worked for some time. Here, again, leaflets were expected to perform appropriately for this team at the inpatient unit at St Angela's, just as they had for the fundraising team, and this was a marketing tool which was indiscriminately used in the practice of the marketing team.

Whilst making these tentative steps in new areas, and with teams with which marketing had yet to establish a connection, the team were also reassessing their existing working relationships. Paula had outlined this as reducing the number of requests to the marketing team from areas such as the fundraising team, part of income generation for St Angela's. Trying to be less 'entangled' in the work of fundraising was difficult and had consequences for marketing. Following discussions between the two teams a retreat and separation of marketing from fundraising, as functions as well as teams, had begun, and Lucy, who had worked in the fundraising team for some time, explained:

Marketing they've almost been taken away from us I think they then sometimes forget actually how busy we are, and the pressures and things (Lucy, Interview, 5th August 2015).

Whilst the marketing team wanted to work with other individuals, like the nurse, and engage in activities within areas such as the clinical work at the hospice, fundraising work had not diminished, paradoxically, possibly by means described earlier of successfully controlling St Angela's communications. Consequently, the fundraising team had a need for the marketing team to carry out specific tasks in the various activities which they undertook to fundraise for the hospice. Therefore, by moving away from working with fundraising it was becoming apparent that the marketing team would have to relinquish some of their control and authority, allowing the fundraising team access to update and work on the hospice's various digital platforms. Indeed, Jan, Head of the Fundraising team was already considering this situation:

I think the difficulty is, over time, a lot more people come into fundraising who have been marketers or have been in PR or have got social media experience – because everyone does a bit of everything, don't they? And everyone knows about marketing, obviously, or they think they do. And so there are a lot of people in fundraising and other teams who probably could do some of it themselves. And I think the team have held onto that control, for the right reasons so I get that – it's about controlling the message, controlling the brand, I totally get that – but holding onto it keeps that workload quite high, and I think, if you could relinquish just some of it, even review and trial, you might find, if

we all could relinquish some control, that we all work better together and actually the impact is greater (Jan, 4th August 2015).

Talking about the marketing team's control, but questioning their expertise – the very component on which the marketing team were attempting to build their position – Jan considered the fundraising team entirely capable of completing tasks which had previously been established as belonging to marketing, indeed, Jan was planning to do without marketing. What emerges here is that the desire to expand the range of activities undertaken and to work with more teams at the hospice presented a dilemma for the marketing team. If marketing were unavailable to carry out tasks and continued to withdraw from the close association with fundraising they may also be forced to relinquish control and governance in this important area at the hospice. In addition, whilst the marketing team's association with fundraising had, undoubtedly, defined as well as justified first the communications team and now the marketing team, if fundraising could carry out their activities without this marketing and communication 'expertise' this could raise questions about the purpose of the marketing team at St Angela's, including whether they were needed at all to provide this activity.

Paula was realising that even if the marketing team could plan, monitor and control the conception and creation of every leaflet, flyer, poster or postcard across the entire hospice, the consequences of undertaking this work would be both limiting and constraining on what she had hoped marketing could

become at St Angela's. In making the transition from a communications team to a marketing team tensions were emerging as the marketing team tried to contain and manage all the various communication activities of the hospice alongside trying to expand their activities to teams with whom they had not previously worked. In addition, the rogue poster incident had raised questions about whether elements of marketing practice which were of great importance to the marketing team, such as language and design, had the same relevance and significance to other teams.

The marketing team were trying to establish a new function within the hospice. Thus, what emerged was that 'doing' marketing or marketing practice at St Angela's involved the gathering together of the activities which were being undertaken by other teams at St Angela's but which the marketing team felt now 'belonged' to marketing. The actions of the marketing team in trying to exert some control over the work of other teams could be seen as building an authority within the hospice to justify the investment in this new function. Whilst this may in part explain the work and processes they were putting in place, this provides a partial explanation for their actions. In an organisation where functions such as fundraising provided vital and necessary income to deliver services, and clinical teams were highly regarded for the specialist care which they delivered, the actions of the marketing team could be viewed as those of a team or function which had yet to achieve such a distinction, recognition or status at the hospice. Clinical and fundraising teams had explicit

expertise which delivered measurable and recognisable results, neither of which the new marketing team seemed to have been able to achieve.

The difficulties which the team were experiencing were therefore more than working out how to begin engaging with different teams at the hospice, deliberating which activities they should be undertaking and designing processes to centralise and control the communication activities at the hospice. The much larger issue of concern for the marketing team was how to become as significant as teams at the inpatient unit and as important as those generating income for the hospice. The marketing team's struggles to become valuable and essential at St Angela's are examined as the final focus of this chapter.

7.4 Delivering difficult marketing messages

At times there was a hesitancy amongst the marketing team to begin to engage and become involved with the experiences of the patients and families who used the services of the hospice. Dealing with the EOLC, terminal illness and grief was described by Emily as "the difficult stuff" (Field notes, 15th June 2015) and Nikki admitted that she had to "psych myself up to see interviews or pictures of patients" (Nikki, Field notes, 2nd June 2015). Members of the marketing team did not have previous experience of hospices or hold a knowledge of marketing within an organisation involved in any form of

healthcare. Indeed, it seemed that knowledge of EOLC or hospices had not been a priority in the recruitment of individuals for the new marketing team. Jan asserted that some of the activities which marketing undertook were somewhat routine and lacked meaningful commitment to the work of the hospice, indeed, that these activities were indicative of a superficial rather than deep engagement by St Angela's:

I think you almost have a need for two different types of marketing. Like I say, one is the kind of more functional aspects, which is we need to produce a prospectus for education, we need to do this, and some of it will be about campaigns. Some of it's more about the engagement side, and I think as an organisation we're not there yet (Jan, Interview, 4th August 2015).

Jan was alluding to an overall deficiency across the current work which teams at the hospice were undertaking. Certainly, the current drive by the marketing team to become more involved in the activities being undertaken across a greater number of teams at St Angela's was not, necessarily, going to achieve a deeper level of engagement with the EOLC or societal issues around death and dying, a role for St Angela's to which Alan had aspired and which was not clearly emerging in the work which was being undertaken. In making a distinction between the functional, routine work and another body of work which was not being undertaken Jan illuminated an aspect with which the marketing team had yet to engage. In addition, this current lack of knowledge

of EOLC or hospices was unlikely to change in the short term because of the way Kirsten was allocating the marketing team their work. Making her view clear she explained:

Some of those clinical conversations aren't really at an operational level. So I will give them [the marketing team] kind of project work, but they don't have the involvement so much in the kind of understanding the sector in which we sit in (Kirsten, Interview, 20th May 2015).

Discussing why she had chosen to keep some distance between the team and the work which involved EOLC it was clear that Kirsten had chosen to separate marketing tasks from their content, therefore, in part, supporting Jan's assertions of a functional aspect to marketing work. Here Jan's suggestions of functional marketing and Kirsten's protection of her team raised tensions, specifically between fundraising and marketing's contributions to the theme of fundraising, challenging the work and approach of the new marketing team. Kirsten had set up the work to be done by her team in a way which allowed the undertaking of tasks for the hospice without the team needing to understand, or necessarily engage in, the wider context in which they were working. Here the purpose of the marketing team was evolving as one in which a contribution to St Angela's would be made through their marketing skills and expertise, not through an understanding of EOLC or hospices. This local marketing focus was somewhat at odds with the plan which Alan had set out to ensure that the day-to-day work at St Angela's did impact at a macro or sector level.

Kirsten's actions were constraining the marketing team, preventing individuals in the team from developing this aspect of their work. Giving an emotional account of her views Kirsten explained:

But none of them have really been confronted with the situations that I have with patients. You know, when I'm speaking to a patient one week and the next week they're dead. I feel like, having done it for three and a half years, it doesn't necessarily I remember every patient that I've spent time with, and I can still go through the photo library of every photographic session I've been on, and know the names of people. And there are times when it's been really, really, really tough. But after three and a half years, and just because of my previous experience and because I've been involved with the hospice and all that sort of thing before, it's OK. And I am protective of them. I don't necessarily want them to kind of have to feel that real So they say all the right things, but they haven't really experienced what it is that we do, if that makes sense? (Kirsten, Interview 20th May 2015).

Kirsten expressed her intentions as protecting her team; however, she herself had acquired some knowledge of EOLC and an understanding of the experiences of patients and families. Through frequent contact with the clinical teams, as well patients and families, at St Angela's Kirsten had something which other marketing team members did not. Thus, by 'protecting' her team Kirsten was in effect keeping these clinical contacts to herself, possibly

inadvertently contributing to her team's work being considered as overly functional by the likes of Jan. Using this understanding of EOLC Kirsten had distinguished her position as head of the team. Without direct contact with the patients and families of St Angela's several members of the marketing team explained how they had formed their own personal understanding of EOLC, which in some instances was via the experiences of family members who had received hospice care. It emerged that it was through drawing on these experiences rather than contact with the clinical work which Kirsten had at St Angela's that individuals had furthered their own understanding of EOLC. Sarah's knowledge of the inpatient unit and the clinical teams at St Angela's had come about through the death of her father:

And also, again going back to the thing, hospices aren't just there for people to have their last days, necessarily. It probably helped, especially with my dad, sort of knowing that he could go into the hospice and out again because otherwise, if I hadn't had the experience of working here, I would have been sitting in the hospital thinking "no, I don't want him to go to the hospice". Because it's almost like admitting it's the final thing (Sarah, Interview, 11th June 2015).

Attempting to relate and locate her practice in marketing to the work of St Angela's, and despite working at the hospice for some time, Sarah's experiences emphasised some of the confusion surrounding hospice care and demonstrated how separate this part of the work of St Angela's was from the work of teams at

the business park, such as Marketing. Here it emerged that, for several years, Sarah had been undertaking her work without direct experience or contact with the clinical teams at St Angela's thus Sarah had formed her own views about EOLC. In the absence of contact with the clinical teams this raises further questions as to how individuals had gathered an understanding of EOLC and what they had been drawing from to compensate, especially for individuals who, unlike Sarah, had not experienced the EOLC being received by a family member.

7.4.1 Trying to understand death, dying and End of Life Care

Without first-hand experience there were other ways the team had sought to try to understand what EOLC entailed or the experiences of the terminally ill. One lunchtime everyone present in the office participated in a lively conversation about a recent BBC 1 television dramatisation of the book 'The C Word' written by Liza Lynch (Field notes, 20th July 2015). Admiration was expressed by some of the members of the marketing team for the actress, Sheridan Smith, who portrayed Liza's 'battle with breast cancer' based on the blog Liza wrote during her illness. It seemed that the marketing team found it easy to engage with this young, fictionalised cancer sufferer. This dramatised depiction of battling cancer was the more palatable representation of death and dying as this young cancer sufferer had ended up accepting hospice care, containing her anger and dying with dignity whilst receiving palliative care. Here affirmation was usefully provided for the team of the effectiveness of all

elements of hospice care, providing a depiction of EOLC which they were happy to accept.

As an element of the team's work which was both difficult and perhaps unknowable emerges, namely death, dying and EOLC, the team emerged as limited by their lack of understanding of these areas, as well as the absence of a connection to the teams and parts of the hospice delivering the care. Consequently, the marketing team had resorted to drawing from their experiences outside the hospice, and it was this understanding which was being used to influence, direct and navigate the marketing activities which individuals in marketing were trying to expand around the hospice. Sue was based not at the business park but in offices next to the inpatient unit and explained that long held associations existed in many understandings of terminal illness; however, she saw difficulties in this dominance of cancer in a representation of EOLC:

As a society, we don't understand about end of life and all the care that needs to go in, because it's been removed and put away from us for such a long time that actually, we now think it almost doesn't happen But I think now it's needed in a different way, because now what's interesting is that cancer is much more out there; they don't say "oh, the 'C' word" anymore; it's much more kind of visualised. People still – the way it's visualised is still through the heroic story (Sue, Interview, 12th August 2015).

Sue was not surprised at the ease with which the marketing team had made an association with this fictitious cancer patient; however she cautioned that this ‘piecemeal approach’ to the marketing team’s understanding of death, dying and EOLC, both from media depictions and their own experiences, was problematic. Sue saw the work of the marketing team as continuing to be separated from the reality of EOLC. In many ways, like Jan, Sue was quite critical of what she considered a superficial approach from the marketing team to their work:

I think one of the interesting things is that there is a cultural clash here, as we’ve spoken about before, that, when you’re talking about marketing and communications coming in and talking about “we can place a brand here, we can brand this space”, part of what their remit is to be really, really clear and focused and explicit, and put it out there. And do you know what? That kind of communication, that kind of explicitness is heretical in a female-gendered environment That kind of direct communication looks grabby, it looks territorial, it looks brash, it looks insensitive; whereas what actually happens in the other kind of side of the culture (Sue, Interview, 12th August 2015).

Here the communication activities which the marketing team undertook were described by Sue as the unwelcome advances of marketing into the clinical areas of St Angela’s. Transposing the work which was accepted within fundraising as well as other areas of the hospice was considered far from

appropriate in areas of the hospice's work, indeed to the hospice sites where terminally ill patients and their families were receiving care. Interestingly, Sue refers to the environment of care as a female-dominated and feminine space, into which the 'brash' masculinised practices of marketing were being inserted, causing a clash. Here marketing becomes representative of wider symbolic significations, beyond the tools or materials used in marketing practice. As well as accusing marketing of employing a questionable approach, Sue suggested marketing had become involved in something which they did not understand, something with which the marketing team may well have agreed. Having considered these problems Sue tried to provide a solution to the problems of a separated and disjointed organisation:

I think, as an organisation as a whole, we need to work much harder at translating for each other, for different parts of the organisation. We need to be prepared to translate, rather than thinking, "Well, if you don't get my language, then that's your problem" (Sue, Interview, 12th August 2015).

Implying that marketing wanted to educate and convert other teams through their marketing work, Sue conceded that not understanding the work of other teams might also apply to other areas of the hospice, resulting in a disconnect between the different teams at St Angela's. This divide was exacerbated by a lack of understanding of EOLC in teams such as marketing who were undertaking their work without drawing from the expertise held in other

hospice teams about the difficult areas of dying, death and hospice care. Seemingly this lack of knowledge was problematic to Sue but her view was important because, despite the communications experience which the marketing team had, it became apparent that on several occasions where death, dying and EOLC were involved, such as the incident in which the nurse had asked for help, Sue's perspective may have been valuable as the team were somewhat at a loss as to what the appropriate response should be.

An instance of these difficulties for the team emerged when the team were tasked by Kirsten and Paula to contribute to 'Dying Matters' week, the annual initiative undertaken by the coalition of organisations established in 2008 to encourage a wider public discussion of death and dying (Field journal, 17th May 2015). The team had been directed by Kirsten to join an online discussion by using the hashtag #YODO (you only die once) which would enable the posts by St Angela's to be shown as part of this digital conversation. Kirsten and Paula were both out of the office when, twenty minutes before the online session was due to begin, Ruth asked "what is this hour's chat on 'Dying Matters' meant to be about?" (Field notes, 20th May 2015), followed by a 'scary conversation between Nikki, Ruth and Emily who looked through some posts by other hospices' (ibid) during which they repeatedly asked each other what they thought they should be doing. Eventually, just before the hour began Ruth proposed to the others that "maybe we just go out there" (ibid) after which she retweeted one post from another hospice and spent the rest of the hour

undertaking the activities of 'liking' and 'following' the tweets of other hospices, organisations and individuals in this online conversation about death and dying.

Following very little planning, and with no preparation or help from either Paula or Kirsten, St Angela's contribution in the 'Dying Matters' episode amounted to the reposting of some existing material circulating online. Unquestionably in this instance Nikki, Ruth and Emily had not found it easy to engage with a discussion about the role of hospice care and make a significant contribution to this 'Dying Matters' conversation. This was problematic as involvement in this type of discussion was exactly the activity which Alan had considered as appropriate in his aspirations for the newly resourced marketing team at St Angela's, an opportunity for the team to bring St Angela's into a national discussion in EOLC as well as to contribute to a wide, sector level conversation. Importantly, Nikki, Ruth and Emily had not felt able to ask other teams at St Angela's for help, which raised questions as to why they felt unable to make this admission of need (Field journal, 20th May 2015). Despite requiring help from other areas at the hospice, the team had kept this activity within the confines of the marketing team. Accordingly, without the necessary understanding, this activity would only be considered as productive if the measure of effectiveness was in the quantity of posts made by the marketing team in this period.

Marketing as a practice and function at St Angela's was emerging as more complicated for the team to undertake than just simply transposing and repeating the communication activities which they had previously undertaken in fundraising to the work being carried out by other teams at St Angela's. Sue and Jan were raising questions about the appropriateness of the work which the marketing team were currently undertaking, as well as what they would carry out in the future, for the hospice. Contributing to these tensions between the marketing team and other more established teams, such as fundraising, was a more fundamental matter which was that some individuals were struggling to come to terms with the difficult aspect of their work, or the death, dying and EOLC at the hospice. Furthermore, with such 'difficult' aspects of the work of the hospice kept very separately from those who worked for the hospice but were located at the business park, to carry out their work at St Angela's some individuals in marketing had formed their own understanding of these areas.

With limited formal engagement with the difficult and complex areas of death, dying and EOLC it is important to consider what marketing practice devoid of any such understanding could mean at St Angela's. This raises important questions as to what the consequences and the effects of this form of marketing practice would be and bring forward, both at St Angela's and in the wider representation of EOLC carried out in the activities of this team.

7.5 Chapter discussion

This chapter has outlined the establishing of marketing at St Angela's which in part was shown as the struggles of a team changing from carrying out communication activities for fundraising to trying to begin performing a marketing function for the entire hospice. Building on the previous discussions in Chapter Six, the close examination of the practice undertaken by the marketing team at St Angela's in this chapter has shown that an important aspect of establishing marketing as a key function at St Angela's was the introduction and 'policing' of particular ways of speaking and writing about St Angela's. At first these activities were seen to be representative of the function of the hospice in the current broader care landscape however they developed as part of attempts by marketing to be recognised for their 'expert' knowledge.

The marketing activities which have been outlined can be illuminated by drawing on the ideas of performativity and in particular the 'conditions' (Austin, 1962) required, because this is what has emerged in the detail of the setting as well as the circumstances from which effective 'marketing' at St Angela's was expected to begin. The examination of the marketing 'setting', detailing the various artefacts and processes, not only supports the idea of marketing as a practice which involves more than just the people in the accomplishment of its activities (Cochoy and Dubuisson-Quellier, 2013), but significantly a material aspect (Barad, 2003) to effective performative marketing practice. Whilst marketing as a sociomaterial practice began to

emerge in Chapter Six, here we see a further role for artefacts not just in ensuring the optimal and effective performative practice suggested by Muniesa (2014), but, moreover, in how the many leaflets and posters, which the team controlled, and the language which they instilled, were used as tools that were at times imposed to control work of other teams.

Activities mainly based on continued accomplishment of the hospice's communications activities and involving artefacts, such as the marketing request form, revealed and subsequently showed as important that a significant aspect of the teams' work revolved around protecting and controlling all of St Angela's communication activities. A specific example of this was highlighted in the rogue poster incident detailed in this chapter. Indeed, this aspect of the teams practice, built and carried out by deploying resources which had 'worked' for fundraising, was discussed by Spicer et al. (2009) as the legitimising effects of performative knowledge or what was useable, effective and efficient. The difficulty for marketing was how to expand beyond this work to other activities, to undertake work, break out and move beyond the effective and efficient work which they were known for in supporting the fundraising team. Here the marketing team were somewhat trapped by their effective performative practice in a limited area of the hospice.

The theme of controlling activities by collecting, as well as putting in place measures to keep any communication or marketing activities as the responsibility of the marketing team was shown as a tension between

marketing and other teams at the hospice. Drawing on the work of Dibb et al. (2014), whose study found marketing activities were frequently undertaken by people in roles outside the marketing team (p. 395), here it was clear that the marketing team believed that they held the relevant expertise, a view which was not always shared by other teams at the hospice. Whilst it has been shown that it can be beneficial for an organisation not to exclude non-professional marketers (Hagberg and Kjellberg, 2010), the marketing team at the hospice had taken steps to try to ensure that marketing activities remained under their control at St Angela's, as such preventing any benefits from the contributions from other teams surfacing. Questions arise as to whether the team were indeed such marketing 'professionals' or equipped adequately for their role at St Angela's and, indeed, if the teams view of their own 'expertise' was shared by other teams at the hospice.

Debates and the tensions over which team should carry out an activity deemed as a marketing activity can be further understood through expertise (Hackley, 1999), or how this is constituted, viewed as well as recognised within an organisation. Thus, the empirical examination in this chapter raises further questions as to whether 'effective' marketing knowledge is explicit, requiring recognised qualifications, or in fact if effective practice is comprised of the deployment of tacit 'know-how' which may reside as much outside a recognised marketing team as within its members. Furthermore, whilst the marketing team demonstrated some explicit marketing expertise at times this seemed to be mainly in their use of marketing tools, concepts and frameworks,

thus questioning what part of their practice it was which could be considered as effective. In other words, did the individual hold the expertise or lack the expertise but have confidence that the specific tool employed would deliver.

A theme emerging from the empirical examination is that marketing practice at the hospice was a practice which had a weak connection to the market object (Finch and Geiger, 2010), the central focus which is the specific form of care around which this sector was being organised. Such distance from the fundamental role of the hospice, as well as a lack of clarity, may have consequences for the effects of marketing practice, a suggestion which is understood further by returning to the circulatory effects (Lyotard, 1984) which are suggested in performative practice. Furthermore because of the knowledge which is considered to inform this practice, the marketing rather than EOLC expertise, here the accomplishment and depiction can be seen to reflect what is contained in a practice thus explaining the view of EOLC which is both presented and circulating. This situation will have the consequence of establishing effects and the depiction of a central focus, which even if weak could be argued to be less associated with EOLC and more about effective marketing. Thus, an explanation is developing for what this thesis has shown to be the more favoured presentation of a 'romantic' hospice with difficult issues of addressing the reality of death and dying at times absent in the representation of EOLC and St Angela's put forward in the work of the marketing team.

Lastly the scrutiny of the activities of the marketing team show that many of the tasks which the team undertook were related to the depiction of St Angela's and the EOLC which they provided. Whilst Kjellberg and Helgesson (2006, 2007) considered the representational activities to form just one of three practices which contributed together to what shaped and formed a market, the empirical examination in this chapter substantiated these suggestions but offers a more direct contribution to the work of Diaz Ruiz (2013) and Diaz Ruiz and Holmlund, (2017). Arguing for the specific importance of practice which plays a part in the representation or depiction of markets, these studies showed how the activity of marketing research was instrumental and had a constructive element (Diaz Ruiz, 2013 p. 250), significantly in having a role in influencing what emerges in presenting, outlining or making visible a market focus. Showing the marketing teams as actively undertaking a further form of representational work thus invites additional consideration of the contribution which the practice of marketing can play in shaping a market which is emerging.

7.6 Chapter summary

This final empirical chapter has considered how the marketing team kept and controlled a limited range of communication activities, such as updating social media sites and designing posters. Reliant on these activities, which constituted communication activities rather than marketing practice, these tasks were then used to form the basis of the work which the marketing team wanted to undertake with other teams at the hospice. Thus, this chapter showed the difficulties and some of the struggles that the marketing team were encountering as they set about trying to extend the reach of marketing to the work of other teams at St Angela's. Thus, marketing practice at St Angela's was shown to be constrained by a narrow repertoire of at times quite functional activities, and furthermore a limited understanding of the complex work undertaken by the clinical teams at the hospice. In addition the team was operating under the ongoing pressure to prove that a marketing function was a valued part of the organisation by carrying out productive and effective marketing work. As the marketing team tried to get to grips with the central focus of the hospice, the care given to people at the end of their lives, this chapter has shown that the marketing practice which the team undertook was mainly representational. Based on the team's marketing expertise, and reflecting their limited understanding of death, dying and EOLC, this had consequence depicting a certain view of both St Angela's and hospice care.

Chapter Eight

Discussion

Introduction

This final substantive chapter of the thesis first returns to the research questions to reiterate what this study set out to address. It then proceeds by advancing the discussions which ended Chapters Five, Six and Seven furthering the key themes which emerged from these empirical chapters by drawing on performativity to consider the construction of EOLC and then examines the performative capacities of the sociomaterial practice of marketing in more detail. The second section of the chapter considers the theoretical contributions and significance of this study for Market Studies and the academic study of marketing practice, after which the empirical and methodological contributions of the research are identified.

The aim of this study was to explore how current changes in the EOLC sector, notably pressures towards marketisation, shape the organising of EOLC through examining day-to-day marketing practices at St Angela's hospice. The theoretical framing of the thesis was constructed to be able to conjointly analyse the human and the material elements of these processes. The three previous empirical chapters presented and discussed a wide range of data from observing and participating in what the marketing team were doing. The focus

of the fieldwork was the sociomaterial practices of the marketing team at St Angela's hospice; accordingly, empirical material included EOLC artefacts, field notes, transcripts from interviews with a range of individuals working at St Angela's as well as a GP. In addition, desk research considered EOLC policy beginning with the first national 'End of Life Care Strategy' published in 2008.

Drawing on the literature on the study of markets (Callon, 1998, 2007, 2015; Mele et al., 2015), and a body of work which outlines the performative practice of marketing (Cochoy, 1998; Kjellberg and Helgesson, 2006, 2007), what the thesis considered was the day-to-day sociomaterial marketing practices and their role in contributing to the framing and shaping of an EOLC market. Within the context of marketisation and the organisational setting of a hospice the research questions asked:

1. How can marketing practice be understood and conceptualised in a context of emergent marketisation?

Specifically:

2. How does marketing practice contribute to the shaping of the market object?
3. How is the introduction of the marketing function into a hospice setting negotiated?

8.1 Constructing EOLC

This section develops a deeper understanding of EOLC providing the foregrounding for the theoretical discussions and contributions which are advanced in this penultimate thesis chapter. Specifically, EOLC is examined as a sociomaterial phenomenon and shown to be a fundamental aspect of this thesis. The discussion advances a perspective which proposes EOLC is considered as an entity which is constructed and assembled, and by drawing on this performative perspective EOLC is considered as an accomplishment of a range of different elements. Consequently, this in-depth discussion considers the processes and actors which are configuring EOLC, particularly the contribution of hospices within EOLC.

In Chapter Five the artefacts, debates and discussions, both within St Angela's and more broadly about this area of health and social care, were shown as the beginnings of the 'organising' (Callon, 2015) of a market (Callon, 2007, 2015; Mele et al., 2015). This perspective proposes that the market actors and the main processes involved in configuring EOLC, and which were outlined in the first findings chapter, are key in the constructing of EOLC. To understand how such structuring in EOLC might come about the recent writing by Borgstrom (2016) around the role of policy in death and dying is helpful. Borgstrom viewed the principles and guidelines embedded in policy documents as having agency, and in her work in this area she explored the lasting consequences of the first raft of EOLC policy documents (Borgstrom, 2015; Borgstrom and

Walter, 2015). Viewing policy as a social agent Borgstrom described the language, logics and explanations which they contained as having an active role in shaping EOLC.

This thesis draws on Borgstrom and other authors who contribute to a body of work considering EOLC in the dying process as well as the aforementioned Market Studies academics whose views are built from examining who and what constructs and configures markets. Consequently, what is interesting and emerges from studying both bodies of work are the similarities in Borgstrom's approach, her unpacking of EOLC, and the investigations employed by Callon (2007, 2015) in his explanations of who and what are active in the forming of markets. Notably both academics seek an explanation of an entity which is forming and taking shape by drawing on the productive capacities of a range of contributing elements. For Borgstrom this came about by concentrating on policy and documents which she argued were significant actors and played a role in shaping EOLC. Consequently, her work is furthered in this study as, through recognition of the agency of the social policy documents, alongside the part played by a range of other actors in EOLC, such as hospitals, hospices and GPs, the potential of influence from these and other actors on EOLC is thus expanded.

Whilst Borgstrom (2016) considered that the overriding principles which policy documents contributed to EOLC were accomplished by the language, logics and explanations which they contained, this thesis broadens the scope of

investigation. Extending the enquiry beyond the work already carried out by Borgstrom, considering the part played by organisations as well as policy documents in EOLC strengthens the argument that EOLC is conceptualised as an entity or 'thing' which is constructed. Moreover, through drawing on the early work in Market Studies and, in particular the writing of Callon (1998) and MacKenzie (2006), once elements have been identified through their suggestions of transformation the examination of the range of contributing actors are also viewed as agents of change. This suggests that in this study conceptualising EOLC as an evolving entity directs a deeper questioning not only of what the policy and documents of EOLC, but other actors, were contributing and how they were influencing EOLC. Conceptualising EOLC in this way begins to achieve what Czarniawska (2016) directed researchers to consider as the more complex process of viewing agency. Significantly, Czarniawska argued that performativity emerges as a complex process amongst a range of elements consequently she advocated the idea of the dispersal of performative agency. Here what is emerging from the examination of EOLC in this thesis is both the suggestion of diffusion and the importance of many and different aspects in EOLC which together configured the form of care.

Once the investigation into the combination of who and what is involved in EOLC has begun it is important to consider and to understand how this combined realisation, involving not only policy but also people and things, shaped EOLC. This is made possible in this thesis through the conceptualising of EOLC as a sociomaterial phenomenon and through moving beyond Austin's

(1962) proposals of a linguistic focus of performativity to draw on the more complex and sociomaterial understanding of performativity developed by Barad (2003). It is by employing her argument for a fuller enquiry into ‘matter’ which she felt had been displaced within the study of performativity (p. 801) that the mechanisms of an entity, or here the range of actors involved in EOLC, come to light.

To unpack the production, or to focus on the means by which a reality or entity is produced, the views of Lyotard (1984) on the manufacture and then circulation of knowledge become increasingly relevant. In his theory of the production of knowledge he focused on what was contained and then circulated. This perspective is helpful in this discussion which is seeking to explain the role, contribution and influence of different elements within EOLC. In his examination of the production of knowledge Lyotard argued that knowledge was at times manufactured and subjective rather than constructed on rational and objective facts. This is helpful in illuminating how a certain view or perspective becomes accepted or how something which is numerically insignificant might become established. Drawing on the work of Lyotard (1984) helps to begin to acknowledge and understand the active role of not just policies in shaping, directing and influencing EOLC and broadens the scope to take account of less statistically significant elements within EOLC.

Introducing the suggestion of importance amongst the contributing elements in the examination of the construction of EOLC is an appropriate point at

which to bring in hospices and to consider the unusually significant influence of these small actors in EOLC. To understand this notable achievement of hospices is in part addressed by what is described in Market Studies as the accomplishments or the efforts of actors, what Roscoe (2015) viewed as the manifestation of the ‘collective achievements’ (p. 198) of many in bringing into being a product or thing itself, seen here as EOLC. In the marketisation of a sector Çalışkan and Callon (2010) considered this entity as being the sum or total efforts. In part the suggestions of influence of hospices in EOLC relates to what has been described in more general terms as the ‘organising’ of markets within Market Studies (Callon, 2007, 2015; Mele et al., 2015). However, despite the issues and struggles documented by Callon (2015) in bringing this entity into being, what seems to be lacking in the Market Studies literature, and what this study contributes, is an examination of the role and influence of an individual actor.

What is being addressed in this thesis is the part played by one actor whilst acknowledging the combined forces of performativity. Returning to consider George and Sykes (1997), who declared hospices as ‘too good to be true and too small to be useful’ (p. 252), draws attention to the limited provision which hospices can offer, and furthermore what has been discussed by Russell (2014) as a lack of facts to justify and rationalise their work. Thus, what is required is some further explanation of hospices’ influence. Here the work of Lyotard (1984) illuminates the interesting juxtaposition of hospices within EOLC by

providing an explanation of the prominence of hospices within what is brought forward as EOLC.

In summary, what this discussion is addressing is the seemingly disproportional influence hospices have in EOLC. In other words despite and in contrast to the amount of actual care which hospices provide in England, which has been shown to be very small, their overall influence in EOLC has been shown to be great. Furthermore, whilst the form of care which hospices advocate for people at the end of their lives has been discussed as complex and difficult, this does not appear to have detracted from the desire within the public to access this form of care. Thus, to understand the role of St Angela's hospice in constructing and influencing, their part in the configuration of EOLC, performativity and the work of Lyotard (1984) is helpful in theorising this dominance and resulting influence in EOLC. Here this thesis gives some explanation as to how the suggestions put forward by hospices of what it means to die well or achieve a 'good death' have become established. Returning to Market Studies this contribution would be seen as providing an explanation for a shape and form and in the case of EOLC which, whilst not necessarily considered as objective or rational, this study has shown to be circulating as well as prominent.

As this discussion on the constructing of EOLC draws to a close what has been shown is the influence of hospices however how this authority is generated through the processes and practices carried out inside hospices, requires some

further analysis. Here, considering performativity from an organisational but also more critical perspective, what is being raised is in part discussed by Spicer et al. (2009) who described the focusing and intentional actions through which performativity is deployed. Thus in considering the processes and practices undertaken in an organisational setting this discussion moves forward to consider a less neutral and more intentional employment of performativity. In this thesis the study of the activities undertaken at a hospice have centred on those carried out by a marketing team and building on the suggestions raised in this section of construction, influence the next section focuses on a deeper examination of the activities carried out or deployed by the marketing team of the hospice.

8.2 Purposeful marketing practice

The research questions which frame this study sought to examine the contributions of marketing practice within the wider context of marketisation. Thus, building on the preceding discussion of who and what is involved in the construction of EOLC this section focuses on the contribution of marketing in shaping and influencing this sector. Drawing on the discussions of marketing practice which concluded Chapter Six and Seven this section will consider the role of marketing in the configuration and organising of EOLC, specifically the focused and purposeful marketing practice which the team were undertaking at St Angela's. Here what is being interrogated is the 'neutrality' of what

marketing were doing in their day-to-day work and what effect these activities had on both the hospice and beyond in influencing EOLC.

The role of marketing which is being considered in this thesis and the suggestion of performative marketing practice draws on suggestions by Kjellberg and Helgesson (2006, 2007) who proposed that what marketing within markets could achieve was as a result of the processes of translation; however, it was Jacobi et al. (2015), Venter et al. (2015) and Dibb et al. (2014) who unpacked more of what comprised such performative marketing practice. Focusing on the frameworks and concepts which are frequently used by marketing practitioners their detailing of who and what comprised marketing activities is most helpful in illuminating the marketing practice carried out at St Angela's. Showing marketing as complex processes consisting of people and things, as well as marketing as interrelated to the organisational setting, conceptualised marketing at the hospice as a sociomaterial practice. For example, the map project discussed in detail in Chapter Six was a marketing task which had many different dimensions involving wall mounted maps, emails, meetings as well as several documents. Accordingly, the argument put forward by Venter et al. (2015) suggests that marketing is both a series of material as well as relational processes involving people as well as artefacts.

Having established that marketing at the hospice was a sociomaterial performative practice it is now important to consider what this performative practice accomplished or was beginning to accomplish. Moreover, what has

been raised in the preceding discussion of the construction of EOLC requires more interrogation of marketing as an activity carried out purposefully with an expectation of certain results, in this thesis discussed as building a depiction of a form of care. Venter et al. (2015) considered marketing practice had a role to play in the construction of a particular reality (p. 76); thus contributing to and furthering their work this thesis considers what form such a contribution of marketing practice would take in the somewhat unusual setting of a hospice.

Returning to the map project this was shown in the empirical examination of this task to be a multifaceted and complex project which, despite being incomplete, had begun to delineate an area or to form an outline of a geographical territory for the hospice to 'target'. Indeed, only through the unpacking of this project could the various contributions of the elements of marketing emerge and, importantly, their roles be considered. In the map project the prominence of the material elements are raised, not only in ways described by Endrissat and Noppeney (2013) as establishing and holding something which is intangible such as the outline and shape of a project, but also in giving longevity, as Monteiro and Nicolini (2014) outlined in their examination of an award. Here, as with an award, the material elements in the map project gave, held and fixed. Furthermore, the study showed the capacities of material elements as more than making a permanent representation of the area of operations but to focus and direct marketing activities.

The focus and direction which the map project brought about is conceptualised here as purposeful marketing and in so doing a link is made to the discussion of deployment and employment of performativity raised by Spicer et al. (2009) in the preceding section. Indeed, the map project can be considered as an example of more complete investigation argued for by both Barad (2003) and Czarniawska (2016) also as the 'organising' which is so central in Market Studies.

Importantly within marketing practice, drawing on the work of Marion (2006) the map project is conceptualised a tool or framework deployed by marketing for specific purposes. Describing the need for marketing to identify a realm or 'territory', Marion's work explains that such marketing tasks and activities outline an area or the space in which marketing operations are then undertaken. However, it is through making this connection to the study of performative practice within organisations, and in particular the work of Muniesa (2014), that the map project and its objective to identify an area or target for an organisation is proposed as having more significance. Muniesa work encourages such tasks to be seen as more than the useful example of sociomaterial marketing practice in organisations but considers how such activities are viewed as rational processes undertaken to influence.

At this juncture in the discussions, and in light of the use suggested by Muniesa (2014) of what may at first have appeared as simply the deployment of a marketing tool by the team at St Angela's, it is interesting to reflect on some

further issues which this activity brings to light by drawing on the early writing by Cochoy (1998) on the productive capacities of marketing practice. In his work he conducts a discussion of the appropriateness of 'spreading' marketing practice, using tools such as the map project, in organisations who are not 'businesses' but have more social or not-for-profit objectives (p. 215).

Importantly and of relevance in this discussion on the influence of marketing at the hospice and beyond, Cochoy went further, and whilst he recognised the effectiveness of such tools in producing segments, enabling the targeting of specific groups of people with a product or service, in more recent work he examined the consequences from what was undertaken and accomplished within organisations. Indeed it was because of such effective productive capacities that in more recent work he has cautioned those who use such tools (Cochoy and Dubuisson-Quellier, 2013).

This deeper examination of the map project is revealing. The empirical discussion in Chapter Six shows the project undertaken to outline a territory and also the aspirations of the marketing team to establish an area of operations (Marion, 2006); however, the account of the project also reveals that this activity was undertaken by the marketing team without what Cochoy (1998) suggested was the appropriate consideration of effects and context. In other words, the project was carried out not because it was an appropriate task for a marketing team at a hospice but because it was recognised to be effective. To support this point it is useful to bring in another example of the purposeful activities which the marketing team were undertaking at St Angela's which

involved GPs. This project was one in which the marketing team were trying to enrol GPs, a group notable as being key hospice stakeholders. Whilst the empirical examination established GPs were fundamental actors in EOLC, to enlist these important individuals the marketing team used a recognised communications framework which was comprised of marketing materials such as leaflets, posters and a letter, a somewhat indiscriminate and inappropriate communication. Returning to the suggestions by Kjellberg and Helgesson (2006, 2007) and the processes of translation, here what is emerging and shown within this thesis relates not to whether marketing can bring something into being but what 'becomes' (Kjellberg and Helgesson 2007, p. 151) from the deployment of such undiscerning marketing activities in the extremely sensitive context.

In this thesis acknowledging the performative capabilities of marketing tools and frameworks and unpacking the productive marketing practice which the team was carrying out has revealed something further which was that at times marketing practice was comprised of a limited understanding of some aspects of death, dying and EOLC. Marketing at the hospice relied on discipline specific tools to accomplish marketing work (Cochoy, 1998, 2015) and, as such, marketing practice was effective in bringing about the popularity of the form of care and the suggestion of what it means to die well which hospices advocate. Here, drawing on the suggestions of Diaz Ruiz, (2013) marketing is conceptualised as a specific form of representational practice. Consequently, this discussion ends by raising some unease about what such a form of

representational practice brings about. In part this tension is raised because of what marketing practice at the hospice left out meaning the attention to the 'real' death, dying and EOLC. This question of what marketing practice accomplished at the hospice are advanced in the discussion of marketing practice and the understanding which this thesis offers of 'difficult' marketing which occurs later in this chapter.

In summary furthering the key themes identified in Chapters Five, Six and Seven, and drawing on the tenets of performativity, this discussion and more detailed interpretation has considered the construction of EOLC and the productive intentions of marketing practice foregrounding the examination of the theoretical contributions which are outlined next.

8.3 Theoretical contributions

8.3.1 Market Studies

The thesis has sought to examine issues surrounding sectoral change related to marketisation and a set of norms and practices that have in this context increasingly come to shape the delivery of services in the EOLC sector (Sturgeon, 2014). The empirical examination focused on the processes described by Çalışkan and Callon (2010) in the specific organising of an area of society associated with marketisation: the describing, analysing and making intelligible the shape, constitution and dynamics of a market (p. 3). This thesis

presents an interesting case of negotiations in process, considering the formation and the contribution of many ‘collective achievements’ (Roscoe, 2015 p. 198) which are involved in the making and shaping of a sector which is increasingly being subjected to principles and practices of marketisation. Furthermore, through the focus on one market actor, St Angela’s hospice, the role and part of one contributor is exposed in more detail.

As shown in the literature reviewed in Chapter Two, in the Market Studies tradition, attention has been paid to the importance of singularising, positioning and stabilising a central focus or a market object (Callon and Muniesa, 2005). This thesis has brought the challenges inherent in these activities to the fore. Following a central tenet of the existing literature which purports that identifying and understanding the market object is central (Finch and Geiger, 2011), a key contribution of this study is to analyse a situation and context in which this has not been entirely accomplished.

The market object, the EOLC at the heart of the sector, remained an area of debate and contestation within the hospice as well as at a societal level. Indeed, it was partly to illuminate the activities undertaken in marketing and their consequences on framing a market object that Araujo et al. (2010) argued for the ‘reconnecting of marketing to markets’, seeing markets as the important context for these studies and a setting in which the contribution of marketing practice could be usefully understood. However, in the literature which followed, what has mostly been shown is that issues surrounding the

singularising or quantifying of a market object by marketers are ultimately resolvable, either through the role of devices (Johansson Krafve, 2014; Finch et al., 2015) or people using frameworks (Jacobi, et al., 2015; Venter et al., 2015). Thus, what this thesis demonstrates is that, despite attempts to organise, frame and outline, and even with the allowances afforded through the suggestions of concern (Geiger et al., 2014) to broaden what was of worth or value, and the consideration of a more abstract notion of a market object, in reality and in practice clear focus and agreement on outlining EOLC remained elusive.

Examining the pervasiveness of markets and their dominance in society, Callon (2007) suggested that it was the difficulty in framing or outlining a market which included and encompassed all the associated concerns that had mobilised a variety of actors to question the ways in which some markets were currently being organised. Here Callon discussed problems in the process of framing and outlining a market which he also proposed as fundamental in the forming and shaping of markets. Thus, whilst the process may be imperfect the action which it carries out is seen and, indeed, as has been argued in the discussions of key themes earlier in this chapter, is vital in market configurations.

Callon's work contributed to advancing the study of markets into areas such as the study of concerned markets (Geiger et al., 2014); however, within this work there was an assumption that somehow important and significant concerns and issues were eventually always framed or outlined in a market

configuration. To resolve these issues of framing and outlining the work of Granovetter (1985) can be used to provide a more holistic account of markets, as he argued against a rational and linear account of market configuration. Granovetter (1985) concluded that it was difficult to provide an account of the structuring of markets which excluded the effect of human relationships, and his work encouraged the reconsideration of how humans can influence market formation. Again, but from a different perspective to Callon (2007), an argument is given that what may be left out of market thinking will ultimately be included. Here this study illustrates and make a contribution to such debate by revealing the many ways why what was brought into the configurations of EOLC came through the work of individuals and the sensibilities which they may possess.

8.3.2 Concerned markets

What was raised in this study, but is under represented in Market Studies, is what happens when a market object remains contested or if a device or a framework does not achieve a universally agreed representation. Forming the basis of exchange between the buyer and seller in a market the market object is fundamental for a market to function (Finch and Geiger 2010, 2011). Therefore, this thesis contributes to academic research in both Market Studies and marketing practice by questioning how practice continues when the market object has not been, or indeed cannot be, clearly outlined. Specifically, this extends the work in concerned markets (Geiger et al., 2014; Johansson Krafve,

2014) where multiple issues and concerns were shown to converge and require integration through configuration. In part, some understanding of the areas of debate, including the questioning of a market object in terms of what is identifiable and universally acceptable, have formed through the particular focus in work on concerned markets by Geiger et al.

As reviewed earlier in the thesis, Geiger et al. (2014) considered how markets have developed to encompass and accommodate the worries of society within markets. Addressing integration of multiple values and numerous different actors the trajectory of concern within the study of markets has been shown to have contributed to developing the notion of a more abstract market object market. Summarising this work, Cochoy (2014) described the exploration of matters of concern in Market Studies as providing a means to go further, a way to connect and intertwine a range of moral concerns, and in so doing, advancing and gaining acceptance for the notion of a less concrete and certain focus in markets.

Whilst this 'loosening' of what is considered as a market object has been useful in understanding how EOLC can be conceptualised in the marketisation of this sector of health and social care; specifically, the empirical study within this thesis supports the view that further work is required to understand how it is that the majority of values and worries, but not all, are accommodated in market structures. This study offers an understanding to Market Studies by conceptualising these as the shifting principles which occur in the

configuration of a market offering a way to understand the tensions which may emerge in the marketisation of a sector. Extending this body of work by the idea of addressing of 'controversies' in Market Studies, Blanchet and Depeyre (2016) put forward the argument that as a market forms difficulties have or are being negotiated, overcome or included. This study challenges this assumption and the acceptance that all issues and concerns will be incorporated. By raising this question this study offers, through its examination of the EOLC and the query of the marketisation of a sector, not only the sole consideration of what is of concern and contested. A key contribution which this study can make is to begin to address the gap which exists and to deal with or confront what is left out in market configurations. In other words, by considering the social values which remain unresolved in the process of framing this study adds to the work on concern (Callon, 2007) and concerned markets (Geiger et al., 2014).

8.3.3 Marketing practice

The intention of this thesis was to examine the sociomaterial practice of marketing to understand its contribution to an organisation in the organising of a sector. The empirical study of the marketing team at St Angela's showed the team's activities to be sociomaterial and performative. Thus, this study adds to the body of work which sees marketing as a productive market practice (Diaz Ruiz 2013, Diaz Ruiz and Holmlund, 2017; Kjellberg and Helgesson 2006, 2007), the capacities of marketing practice to 'organise' (Callon, 2015), and the

argument for a place for marketing alongside other fields which are proposed as similarly productive such as economics (Cochoy, 1998; MacKenzie, 2006).

Zwick and Cayla (2011) defined marketing as the activity involved in outlining a product or service and consequently argued that marketing practice had a fundamental role within an organisation to set out the market object, an important process which leads to an exchange between buyer and seller taking place. This study has problematised this language and terminology in EOLC. In particular, this study acknowledges that the subjects of 'buyer' and 'seller' have yet to be clearly outlined or understood in EOLC due to its nature as a concerned market (Geiger et al., 2014). The contribution of this research is to problematise the alleged purpose of marketing practice as playing an essential and significant part within organisations through its role in making a product or service recognisable (Zwick and Cayla, 2011). Thus what has emerged in this enquiry has shown a more complex role for marketing practice. In particular, the empirical study identified uncertainties and exposed the difficulties which the team found in undertaking their practice; consequently this thesis can offer an important contribution to the study of marketing practice through identifying and understanding the difficulties which the marketing team encountered, an important theme developed further as this chapter progresses.

Specifically, what this study illuminates are how what was accomplished in the marketing team was shown to be augmented using marketing tools and concepts, at times in place of expertise or as explicit examples for the

demarcation of 'performances' of marketing expertise (Hackley, 1999).

Marketing has been established in this study as a productive practice which encompasses some level or aspect of understanding; however, without an understanding of EOLC, with relatively little experience in marketing practice, the practice which was studied here was shown to involve drawing heavily on the recognised marketing tools, models and frameworks of the marketing discipline (Cochoy, 1998, 2015). In accordance with furthering an understanding of the role of not just the human speaking subject called for by Austin (1962), and subsequently Barad (2003); who argued for a fuller account on performativity, this study offers a more complete discussion on performativity. This is given comprehensively through the detail of the enactment of marketing tools and frameworks and not just the people involved in marketing practice.

Thus, the contribution which this study makes to marketing practice is in developing discussions of how the team were carrying out their activities and revealing the capacities of the tools, concepts and frameworks, as well as some of the artefacts of marketing practice. It illuminates these roles in achieving the effects, and furthermore playing a significant part in the marketing work which the team believed was required to 'justify and legitimise' (Marion 2006) their roles as well as to substantiate the recent investment in marketing by St Angela's. Moreover, this study showed that in uncertain or difficult situations the marketing team returned to these proven and trusted frameworks, for example, using segmentation, targeting and positioning (Venter et al., 2015) to

try to achieve an effective solution. Here the tools, models, artefacts and frameworks were shown to surpass the human aspect of practice, furthering an understanding of the contribution from tools and concepts within a practice.

Using the marketing request form and other artefacts as instruments to control and manage marketing activities and maintain their marketing realm (Marion, 2006), alongside the boards mounted in the marketing office which created a representation of a productive team, what has emerged in the empirical discussions in Chapter Six and Seven is the significant reliance that the team placed on the performative capabilities of marketing tools, not only in their capacity to contribute to achieving the team's ambitions of extensive and effective marketing practice but also to maintain a representation of expert practice. To summarise, this study showed that in the teams uncertain marketing practice marketing tools were deployed to substantiate indeterminate marketing practice.

8.4 'Difficult' marketing

The previous discussion has highlighted several 'difficult' situations which emerged in the empirical situation and remain unanswered in the academic literature of both Market Studies and marketing practice. What is apparent from the empirical study, and is a significant finding of this thesis, is that these difficulties, whilst challenging for individuals, did not halt micro activities and

local practices. Therefore, this study provides an opportunity to explore and extend the understanding of this situation.

Considering something or someone as being ‘difficult’ is not claimed as a revelation in academic literature in either the study of markets, the practice of marketing or indeed Death Studies and has already surfaced at different points in this study. For example, the analysis of marketing as a market practice by Hagberg and Kjellberg (2010) described as ‘difficult’ the task of identifying who and what ‘performed’ marketing, and in Death Studies difficulties were frequently raised and examined in the body of writing on the societal attitudes to dying (Thompson et al., 2016). In EOLC ‘being a difficult patient’ was shown as a failure to accomplish the ideals which have been established on how to die well (Borgstrom 2015, 2016). Indeed, the suggestion that marketing practice in EOLC is difficult would be somewhat unsurprising. Specifically, what this discussion develops from the empirical study and the examination of scholarly literature is not only an examination of what it is which is difficult, but, importantly attention is given to the effects and consequences of these difficulties. The opportunity this study offers is, therefore, to contribute a more detailed and nuanced consideration of how the ‘difficulties’ encountered in marketing practice were both addressed and overcome, and what this means for an organisation and a sector, in this study the hospices and EOLC respectively. Because the performative nature of marketing practice has been established in this thesis, the contribution which this study offers to both market practice and Market Studies is through the consideration of the

consequences and effects of this productive practice. In summary, whilst being difficult or difficulties is a matter that was discussed and presented through this study, a contribution from this thesis is developed through a more detailed consideration, which this enquiry enables, of what it was that was incomprehensible, at times unpalatable, often unmanageable and, importantly, how this was overcome in day-to-day marketing practice.

8.4.1 The significance of the excluded and the incomplete

As this thesis has shown, death and dying is an important subject, and how people are cared for at the end of their lives has been shown to be of interest to politicians, a range of organisations, as well as the wider population. As an exploration of the personal experience of dying remained outside the scope of the thesis, insight was brought in by those who either cared for people at the end of their lives, studied death, dying and EOLC, or who had experienced the death of a friend or family member. The findings of this study discussed the adherence to societal ideals of dying well, romantic representational practices of a hospice and the wishes of individuals to uphold the principles of hospice care against those of other EOLC providers such as hospitals.

However, this study has argued that death and dying was not being understood or examined but instead a presentation of dying and EOLC which people could tolerate was being put forward. Thus, death and dying remained mostly incomprehensible, and as such what was enacted through the practice of the

marketing team did not include the difficulties or experiences of those at the end of their lives and their families. Moreover, examining the day-to-day activities of marketing shows a role, effect and resulting consequence of what may either deliberately or unintentionally have been left out. At times this exclusion was shown in this study to be deliberate. In summary, not only was the dying subject excluded, but an alternative perspective was substituted and presented.

In part, exclusion arose from the challenge which the marketing team faced, which was 'difficult', and even impossible, and involved how to depict death, dying and EOLC. Hence when it comes to constituting the market object, death and dying was 'transformed' into something more palatable. At times this was through substitution, for example the inclusion of professional images or even texts instead of real pictures of patients and their families. In addition, the effective role of policy documents in outlining or even simplifying the complex dying process through guidelines and measures dehumanised what emerged, becoming the new principles or 'logic' (Mol, 2088) of care.

Building on the suggestion that in marketing a shared practical understanding or practice develops and becomes reliant on tools, concepts and frameworks (Dibb et al., 2014), this discussion therefore proposes a further theoretical contribution, considering practice from the perspective of what is excluded. Thus this discussion challenges existing assumptions and descriptions of marketing practice comprised of what is done in practice, the knowledge held

and the expertise involved. This development is made by drawing on the suggestions of performativity that propose performative practice as actions which do not explain but construct (Cochoy, 2015) but in this instance are assembled around what may be excluded, left out, hidden and glossed over, but what nevertheless becomes part of practice.

Recognising an incomplete knowledge within practice draws attention to what understanding is held, or more importantly what it does not contain, and the process of enactment understood as translation (Kjellberg and Helgesson, 2007). Here what is excluded is, in fact, included within the processes of translation and goes forward as performative knowledge and develops, circulates and enacts. Explaining how this knowledge translates from practice, translation was described by Kjellberg and Helgesson (2007) who saw this process as semi cyclical, an idea Araujo and Pels (2015) described as the 'linkages' (p. 454) which connect in the process of how marketing brings something into being. Here what is being developed from this study, and forms a key contribution of the thesis, is to highlight the strategies for managing the 'difficult' through the creation of substitutes or 'proxies' to accomplish the necessary and effective practice. Thus, as performative practice is productive (Lyotard, 1984), the argument which is being put forward here considers not only how incomplete knowledge can be constructed and be productive but that this in turn becomes established and circulates. In other words, a practice with gaps, omissions and substitutes is no less productive or constructive and has effects and consequences.

This conceptualisation of incomplete knowledge, how it is formed, goes forward to circulate and becomes the basis of productive practice may be useful in explaining what does not and cannot materialise, as ultimately this practice is incomplete and made up from omissions, substitutions and gaps. Importantly as practice, which includes these spaces and gaps, continues forward this may explain both why a perspective is maintained, and also why practice fails to accomplish and ultimately falls apart. In summary, this discussion has identified an advancement in the way that productive knowledge and performative practice is conceptualised. The links and chains of translation (Kjellberg and Helgesson, 2007) may be constructed to take into account and deal with what was difficult, whilst continuing to ensure that progress and enactment was possible and continuing to circulate a particular perspective for those whose activities relied upon the continual and repeat performances of effective practice. In particular, a contribution has been outlined to the study of how matters of concern may be accommodated within Market Studies. In addition, through this deeper understanding of marketing practice it is now possible to consider why over time difficulties can remain and be accommodated and encompassed within marketing practice and, therefore, the organising of markets.

8.5 Empirical contributions

8.5.1 End of Life Care

EOLC has been discussed in this chapter as a sociomaterial phenomenon. Through the examination of who and what constitutes EOLC this form of care has been conceptualised as an evolving form of care for those people who are at the end of their lives. In so doing the contribution which this thesis can make in EOLC is to facilitate a more detailed examination of not only who and what constitutes EOLC but, by drawing on performativity, how such a configuration and the care which results may change in the future. One significant complexity which arose in the findings of the empirical study was that the introduction of market principles into the hospice sphere was complicated by the existence of a traditional model of care which seemed incommensurable with new business-focused imperatives. Here the new 'logic' (Mol, 2008) is shown to be encouraging a form of EOLC where the distinguishing characteristics are policy, data, guidelines and funding rather than the less tangible ideals of holistic care and compassion. Here, as with the first EOLCS and as shown by Borgstrom (2016) in her examination of policy a new or subsequent 'logic' can surface as further documents and policy carry out their role in EOLC.

Importantly this systematising, organising and configuring of EOLC through institutional process conceptualised death as a 'problem' which was of public

concern but would be 'fixed' through choice in care at the end of life (Mol, 2008). This was the effects and consequence or what was 'produced' and became the framing of EOLC. Furthermore, the patients and their families were to be drawn into this new model of EOLC provision through the prospect that they could gain some control over the dying process by planning and exercising choice (Mol, 2008) or preferences (Walter, 2017) for care at the end of their lives.

Consequently 'dying well' was changing as the new principles placed importance on the terminally ill patient to choose EOLC wisely and make advanced care plans for the care that they wanted to receive at the end of their life. Here a tension appears between ideas of efficiency and care arising from the examination of EOLC. Chapter Three, together with the empirical study, showed that the very nature of death and dying was incompatible with the idea of planning and capturing EOLC, particularly for hospices. Furthermore, this study has shown with this new reasoning in EOLC, the principles of choice and control are being imposed as the process of dying is changing. Not solely because, as has been shown through the examination of policy, death has become a public health issue, but because with improvements in areas such as the treatment of cancer, as well as a frail and ageing population, death has become about a 'prolonged dwindling' (Walter, 2017 p. 9) rather than a definable, manageable event. Consequently, it is the requirements for EOLC which are instigating change, in addition to an overall increase in demand to care for people at the end of their lives (Clark, 2016).

This discussion illuminates a key concern and a tension in EOLC, that death and indeed a 'good death' needs to be controlled and managed, but that this is unachievable. Subsequently the ideal of choice and preference in EOLC places a further burden on the terminally ill, even though these ideals are in fact unrealistic as in reality the dying process has lengthened, become more complex and is ultimately uncontrollable. Thus, the current situation imposes impracticable expectations on care of the dying, when the course of death now frequently lacks a smooth downward trajectory and is characteristically unpredictable (Clark, 2016; Walter, 2017). Whilst this study revealed some efforts made by St Angela's to make the process more practicable by organising key stakeholders, the problem remains that what is being asked in EOLC, of organisations providing these services and the individuals who worked in these service providers, is to build their practice, develop their roles and justify their teams around the unpredictable and inherently unmanageable processes of death and dying. In conclusion, the challenge remains as to how a sector can be organised around something which is by its very nature uncontrollable, a key question which has yet to be addressed comprehensively in either EOLC policy or by EOLC providers, including hospices.

8.5.2 Hospices

This research was empirically situated in an area in which there was a paucity of studies, as such the unusual case study of a hospice and the specific location

of the fieldwork in a marketing team contribute to several areas of academic study. Firstly, regarding the case study of St Angela's and the specific study of a non-clinical team, a contribution is offered from this study to developing an understanding of an under researched area in English hospices. Little research has been carried out into the day-to-day work of staff and teams in areas such as finance and administration and facilities, although studies have considered a range of patient experiences (Masson, 2002; Moore et al., 2013, clinical teams (Arber, 2007; Cain, 2012, 2017; Wittenberg-Lyles, 2005) and some studies have included both clinicians and patients (Borgstrom, 2015; Payne et al., 1996).

Secondly, when research has been undertaken in hospices, often the places which are visited and included in fieldwork are the clinical sites which regularly form the context of enquiry into hospices (McGann, 2013; Walter, 1994). Hence, there is very little academic writing about the non-clinical sites of hospices, and specifically areas such as the support offices where a team undertakes its work away from clinical sites, clinicians and patients.

Accordingly, this study has raised awareness of the issues for such teams showing how they make sense of death and dying and what they understand about EOLC. In this research the arrangements in the fieldwork reflected the local conditions of many hospices whereby non-clinical offices are quite separate to the clinical base of the organisation. Accordingly, this study has important implications for the hospice sector because it provides insights into a non-clinical team in a UK hospice. As such this study is important for trustees, senior leadership and clinical teams because it details the experiences

of those working in hospices who are located remotely and removed from patients and families. Moreover, illuminating how individuals in a marketing team came to understand and find their own way to engage with the 'difficult stuff' at the heart of a hospice, but going on elsewhere, this study showed how the environment in which their work was carried out had some bearing on the day-to-day activities of this team.

A further contribution from the empirical study is made from the particular situation in which the organisational ethnographic took place. The opportunity to be situated in a newly formed team, led by a recently promoted individual, in an area which the organisation had just resourced, offered insight into the marketing practice of a new and relatively inexperienced team trying to carry out marketing activities for the very first time. Accordingly, whilst the absence at times of both knowledge and expertise were highlighted in the theoretical discussions of difficult marketing, it could be suggested that the teams' inexperience, as opposed to a more polished and proven practice, allowed the study of more of such processes at a time in which they were being created and put in place. Here the team's lack of expertise and knowledge offered the unusual opportunity to examine the contribution of a less complete practice.

Finally, considering how a non-clinical team makes sense of death, dying and EOLC is of particular interest to those who may have been formally trained in these areas, have always worked in EOLC and hold considerable expertise in care of the terminally ill. This is not only at a local level in areas such as

training and education where hospices may decide that such teams should receive some formal explanation of EOLC, but also at a wide level. No formal record is kept across the sector of how many people work in the non-clinical areas of hospices, but currently the majority of training and education, in addition to the research carried out into hospices, is organised and focused on the clinical teams who, whilst forming a vital part of hospices are not fully representative of a hospice's workforce. A recommendation emerging from this study for hospices is that some further consideration needs to be given of how to integrate teams, facilitate an understanding of EOLC as well as broaden an understanding of the contribution from each team in a hospice.

8.6 Methodological contributions

Through the versatility afforded by adopting an ethnographic approach in this thesis it has been possible to give an account of the role of non-human entities, things, artefacts and material conditions which were interconnected with the activities of individuals and formed part of their practice (Nicolini, 2013). The nearness and closeness which characterises ethnographic studies was discussed by Watson (2011, 2012) as well as Schubert and Röhl (2017) in Chapter Four and has been shown to be a significant contribution of the ethnographic approach taken in this study because of what has emerged through a focus on practice. From the beginning of fieldwork, then over the ensuing three months, the things and people which together comprised marketing practice at St Angela's

were revealed, and this can be seen clearly in what is set out in the empirical examination developed in Chapters Five, Six and Seven. Importantly, through the design of this study the inclusion of a wide range of material and technological elements, what Schubert and Röhl (2017) described as the many constitutive parts which comprise a social reality, came to light.

As fieldwork progressed the complexity of the interactions of these aspects unfolded. Schubert and Röhl (2017) suggested that the specific contribution of an ethnography which is carried out in an organisational setting is to expose who and what 'constructs' an organisation. This thesis has shown how and why an ethnography was an appropriate research method to capture and convey a detailed account of this sociomaterial practice, its constitutive elements and their consequences both within an organisation and beyond. Specifically, what distinguishes this ethnographic study and provides its methodological contribution relates to the insight into the 'difficulties' in doing or carrying out the ethnography. The problems which were encountered in this ethnographic study go beyond what Watson (2011) described as the 'reality and truth' (p. 204) or what meets the ethnographer once they have left the relative security of their desk and begun fieldwork. Furthermore this thesis has also contributed to the process of securing and sustaining access, or the moving around once in the field, discussed in detail by Neyland (2008). What is offered by this ethnographic study and what it details are the specific difficulties which are encountered in studies carried out within organisations. For example, the discovery and exposure of practice and many of its constitutive parts came

about through the careful negotiation of organisational structures and tensions between teams. Indeed, the aim set out in the research questions of gaining an understanding of who and what constituted marketing, as well as effects and consequences of this practice, required continued and careful negotiation of significant tensions between marketing and fundraising as well as clinical and non-clinical teams.

The analysis of the difficulties encountered in the field in part draws on the work of Neyland (2008) who discussed how an organisational ethnographer moves to connect and cross boundaries. Specifically, as the things and people of marketing were being included, and their influence on both the hospice and EOLC considered, what happened was a broadening of the scope of enquiry described by Schubert and Röhl (2007) as how, through a sociomaterial perspective, what is encountered changes and widens what may have been set out as the boundaries of a study. However, a further and significant complication within this study were the 'arrangements' of the specific situation in which fieldwork took place. More than the difficulties of expanding the study to take account and follow the aspects of practice, to arrange to interview a GP, this study revealed the impact of lack of understanding of participants of their roles, of what an organisational function such as marketing involved and, crucially, of a sector. Thus, the challenges throughout fieldwork were not simply those of a changing organisation, as Schubert and Röhl (2007) suggested, but came about because of the struggles of teams who lacked clear boundaries of practices, areas of responsibility and understanding of their

organisations operations. Thus, the contribution to knowledge which is made by this ethnographic study is through its account of conducting research within an organisation and amongst teams firstly as they themselves are in the process of navigating organisational and sectorial transformation and secondly as they outlined their function, roles and contribution.

Chapter Summary

Building on the discussions developed at the end of Chapters Five, Six and Seven this chapter has explained in more depth the significance of performativity within this thesis. In particular, this chapter focused on the performative capacity of marketing examining the influence of purposeful marketing on EOLC. The outlining of thesis contributions showed that in three areas of academic literature this study can add to an existing body of work as well as provide insight both in EOLC and in addressing the paucity of studies on, as well as carried out in, hospices. Finally, this chapter explained that through the experiences of navigating which took place in fieldwork a contribution to organisational ethnography gives insight into the work required by a researcher to steer fieldwork through the tensions between teams in the pursuit of observing practice.

Chapter Nine

Conclusion

Introduction

This last chapter brings the thesis to a close by providing a summary of the thesis, beginning with an overview of the preceding eight thesis chapters. This is followed by a review of the key theoretical, methodological and practical implications of this study. The final section of the chapter outlines the limitations of this study, gives future directions for further research and ends with some final researcher reflections.

9.1 Thesis overview

Chapter One

The first chapter introduced the three theoretical concepts of the thesis: marketisation, markets and marketing practice. This chapter established that from the outset this study would be conducted against the back drop of the reconfiguration of an area of society (D'Antone et al., 2017; Callon, 2015). The chapter was significant in establishing not only the theoretical context but also giving the background to the empirical study and the field work which was to be undertaken at St Angela's hospice. At the start of the thesis what this

chapter summarised were the current societal challenges for organisations involved in caring for people at the end of their lives. To consider the constitutive and productive nature of both markets and marketing the chapter also set out how performativity would be used as a basis of this thesis and, in so doing, that the thesis would draw on the work of Market Studies academics such as Çalışkan and Callon (2010) who argued for the examination of the productive capacities of a range of things and people in markets. This chapter also introduced the work of those who focused on the contribution of marketing practice, such as Cochoy (1998) who argued that the role of marketing be considered within the forming of markets. Significantly, at this stage in the thesis the suggestions of the construction of EOLC, which developed as the study progressed emerging as analysis and interpretation of fieldwork developed, was not a significant part of this chapter.

Chapter Two

Outlining the theoretical argument for exploring marketisation processes, setting out a case to consider marketing as a productive practice and proposing a market context this chapter gave an in-depth theoretical background to the study. Key themes which emerged not only examined the performative effects of marketing activities but built the case for marketing to be considered as a sociomaterial practice. Drawing on the work of Cochoy and Dubuisson-Quellier (2013) who described the many elements which comprised marketing practice this chapter considered both the people and things which constituted

the models and tools used in the productive practice of marketing. Notably a key suggestion from this chapter was that marketing might not be a 'neutral' practice. In other words, through the more recent work of Cochoy (2015), and drawing from the work of Lyotard (1984) on the production of knowledge, this chapter foregrounded a discussion which later in the thesis considered the deployment of marketing tools and frameworks which developed as analysis of fieldwork began. Thus, the importance of Chapter Two in this thesis was in preparing a theoretical framework which would be used to illuminate and make sense of fieldwork. Furthermore, this chapter was significant in identifying areas in which this thesis had the opportunity to contribute, furthering academic work in Market Studies and marketing practice by deepening the understanding of the effects and consequences of the sociomaterial performative practice of marketing.

Chapter Three

This chapter drew from a wide range of academic sources, notably a body of work known as Death Studies, as well as the work of writers who consider the broader sociological context in which care of those at the end of their lives is taking place. In so doing this third thesis chapter included an explanation of the care which hospices advocate as well as what is meant by the suggestion of a 'good death'. The contribution of this chapter to the overall thesis was to explore the range of organisations, policy and some of the key people whose work had contributed to this sector of health and social care and outlined

EOLC provision. Therefore, as well as showing how this particular sector of health and social care was moving to market-based principles, this chapter offered some of the reasons for the changes in this sector thus foregrounding the theorising of the construction of EOLC which emerged later in the thesis.

Chapter Four

Chapter four justified the research approach, gave details of data collection as well as how analysis was conducted, but most significantly it provided the theoretical background as well as some practical advice into carrying out or doing an organisational ethnography. This chapter drew on the work of writers who study ethnography such as Watson (2012) to explain the closeness and intimacy of an ethnographic study and how this distinguishes ethnography from other in-depth qualitative studies. In this ethnography as well as being alongside participants as fieldwork continued over the three-month period the chapter outlined how, in this study, this proximity was tested. Thus, a further contribution of this chapter to the thesis was both in giving insight into how this research approach was carried out as fieldwork progressed, and, more significantly, in the account of the challenges of undertaking an ethnographic study in an organisational setting.

Chapters Five, Six and Seven - The three empirical chapters

The first empirical chapter, Chapter Five, focused on the changing macro environment in the EOLC sector, examining the current public debate about the care of people at the end of their lives, outlining the policy documents and texts, such as the first EOLCS, and scrutinising the role of these artefacts in maintaining guidelines and influencing EOLC. Care of the dying was shown to be of widespread concern within the EOLC landscape and Chapter Five considered how St Angela's, an organisation providing EOLC, was trying to navigate the current debates and conditions in this sector. Together with the artefacts, the debates and discussions, both within St Angela's and more broadly about this area of health and social care, were shown as the beginnings of the 'organising' (Callon, 2015) of a market, the market actors and the key processes involved in configuring EOLC. In particular, this chapter highlighted the 'constructed' nature of EOLC emphasising a role for policies and documents as well as key individuals in bringing EOLC into being. What emerged from this empirical chapter were the struggles to identify a shared focus or market object at St Angela's, and this chapter contributed a key theme for this thesis: the lack of a universally agreed and shared focus of the central ideals or principles of EOLC.

In Chapter Six, the empirical exploration moved from a macro to a micro level as the enquiry was directed to the day-to-day activities which the marketing team and others at St Angela's were undertaking. Specifically, this chapter

drew on the work of Kjellberg and Helgesson (2006, 2007) to consider the activities being undertaken by the marketing team at St Angela's such as the establishing of a territory, one example of a market practice to form and shape a market. But marketing activities were also revealed in this chapter as being undertaken for other purposes, for example to ensure that the marketing team could demonstrate their ability and capacity to accomplish effective marketing practice. Here, significantly, the tasks which the team undertook were shown to rely on a range of recognised marketing tools and concepts and marketing practice was shown to be a sociomaterial practice, constituted of a range of things from maps to emails. In Chapter Six, the marketing team tried to enrol GPs in an attempt to outline an area of influence for marketing. In part, this was considered as the actions of a new team seeking to justify investment although ultimately this work with GPs was shown, through the team's own evaluation measures, to be unsuccessful. The contribution of this chapter is in questioning the knowledge which the team held and revealing what, in practice, it was which they used to accomplish marketing work in the absence of necessary EOLC understanding.

Chapter Seven, the final empirical examination, sustained a focus on the marketing team's micro practices, considering the 'conditions' (Austin, 1962) put in place to establish marketing at St Angela's and the activities which the team undertook as they tried to branch out to become involved in more than solely communication activities to support fundraising. As the team tried to deploy their 'expertise' to work with other teams and to activities carried out to

extend the realm of marketing at the hospice, again marketing practice was shown to be sociomaterial and, moreover, undertaken using artefacts such as the marketing request form to control, as well as instil, what marketing saw as appropriate marketing language within the work of other teams at the hospice. Key themes which developed in this chapter were the difficulties and complexities which the marketing team encountered as they continued to remain detached from the clinical work of the hospice, and, consequently, this raised questions relating to how the particular representations of the hospice, as well as the individual patient at the end of their life, were being put forward (Diaz Ruiz 2013; Diaz Ruiz and Holmlund, 2017). Thus, a key contribution of this chapter was in considering the marketing practice of the teams as a representational marketing practice.

Chapter eight, the final substantive thesis chapter, furthered the discussions of important themes in the thesis and identified the key contributions of this study. This chapter is summarised in the following section.

9.2 Key contributions of the thesis

This thesis highlighted who and what constituted markets and marketing, revealing the importance of including not only people but also things, and showing marketing as a sociomaterial practice. Drawing on performativity the insights this thesis provides are in outlining the productive capacities of an

array of different elements in the activities of the marketing team in an organisational setting. Consequently, the examination in this thesis of individuals, as well as a range of artefacts from a map to a marketing request form, deepened an appreciation of their performative capacities and foregrounded the discussion on effects and consequences of dispersed agency amongst things as well as people.

The theoretical contribution of this thesis can be seen to build on several of the key themes which are central to the body of work recognised as Market Studies. In particular this thesis contributes to forming a more detailed understanding of the 'organising' (Callon, 1998) which takes place in markets, specifically who and what is involved in these processes. In the marketisation of an area which was previously considered to be beyond the reach of market forces this was discussed as the reconfiguring of a sector (D'Antone et al., 2017; Callon, 2015), but what is offered in this thesis specifically builds on the early work of Cochoy (1998) by revealing and detailing a role for marketing practice in not only markets but now in the process of marketisation.

The view of marketisation developed in this thesis drew on a sociomaterial understanding of performativity and showed not only the capabilities of marketing practice in shaping and forming the particular representation of EOLC but also what this meant at a sector level. Thus, what this thesis has shown is how marketing practice had a role in influencing of the norms and values being established in EOLC and the capability of marketing practice to

put forward a particular representation of EOLC. In other words, as this sector was 'organised' what became apparent was the configuring action of marketing practice in influencing what Geiger et al. (2014) argued were the multiple and conflicting values in areas of society where a central value has yet to be established. In this thesis what was revealed was how the prominence of hospices had been accomplished through a particular representation of what it means to die well.

In this thesis marketing practice within the organisational setting of the hospice was understood as being 'difficult'; however, despite these challenges what this thesis proposed was that marketing at St Angela's was also 'purposeful'. Contributing to a more critical examination of performativity discussed as the intentionality of actions and their specific deployment by Spicer et al. (2009), in this thesis marketing practice brought about a certain depiction of hospices and EOLC. Accomplished by the combined action of the tools and concepts of marketing (Cochoy, 1998, 2015) it was through studying their efficiency and reliable employment that the gaps in the individuals' knowledge was exposed. Thus, purposeful practice was argued in this thesis as a further example of a representational practice (Diaz Ruiz, 2013; Diaz Ruiz and Holmlund, 2017). Indeed, a specific contribution was made by this study through the examination of what was left out in the 'difficult' marketing practice. As such 'difficult' marketing remained a 'successful' example of a market practice (Kjellberg and Helgesson, 2006, 2007) and what can be achieved because of capabilities of a sociomaterial performative, but it also

raised interesting and important questions about the specific representation of death and dying which marketing at the hospice was sustaining. Thus, what emerged was not so much the ability of marketing practice to shape and form but the effects and consequences of this action.

Methodologically what has been shown in this study of marketing practice at a hospice were the challenges for a researcher of undertaking an ethnographic study within an organisation. A hospice might well be described as being a 'difficult' context because of the nature of the work such an organisation undertakes; however in this study what was difficult had less to do with the work but was related to tensions between different teams. Thus the contribution which this thesis can offer to the body of work which considers this qualitative research method is insight into how to negotiate the ongoing disputes and which involved participants who were negotiating boundaries of operations whilst the researcher is continuing to undertake fieldwork and exist alongside participants.

Practical implications for hospices and the other stakeholder groups involved in EOLC relate to issues of what it is which the activities of the marketing team outline and present (Zwick and Cayla, 2011). The representation which practice brings forward portrays not only a form of care which may be for most inaccessible but also a way for those at the end of their lives to be and behave which this thesis has shown to be unrealistic. Described in the thesis as a lack of consensus of the central focus within the sector, pragmatically this

representation, or misrepresentation translates into several issues for other care providers dealing with the majority of care provided at the end of life.

Firstly, the issue of patient and family expectation of access to the care which hospices advocate and present as a preferred form of care and, secondly, that to die well a certain active and involved role for the patient must be completed.

9.3 Limitations of the study and avenues for future research

The aim of this thesis was to explore marketing practice, and the approach taken was to study the work of a marketing team; however during fieldwork the enquiry evolved and expanded to include other members of the hospice such as individuals from fundraising. A future investigation could further this research by considering further hospice stakeholders including volunteers, patients and their families, significant groups who are associated with a hospice and furthermore are often included in the representation of hospices and EOLC. In other words, what is being considered is the active, productive roles of other actors in EOLC. In a future study which broadened the range of participants the inclusion of such individuals and their activities would add to discussions on both the representation of hospices and also the part played by these groups in what surfaces in EOLC and the shaping of this part of health and social care.

In particular, this thesis identified key stakeholders for St Angela's as the forty-three GPs whose involvement with the hospice was to refer their patients for EOLC. As the one GP who was included in this group demonstrated, GPs have a unique perspective on both hospices and the EOLC sector which is currently under explored. Linking a terminally ill patient to the various EOLC actors which this study included, yet acting independently from all other care providers, the role of GPs in EOLC is not fully understood. Or as this thesis has argued, such actors have effects and thus currently the consequences of the activities of GPs in EOLC is underexplored. As such a key part of the public healthcare system the role of GPs both in EOLC and in relation to hospices warrants further investigation and this research would be beneficial not only to hospices and other health and social care providers but to GPs themselves.

Moving beyond hospices and EOLC a further avenue for research, which leads on from this enquiry arises from a broader consideration of hospices as not-for-profit or charitable organisations. This thesis has revealed the productive capacities of marketing practice in an organisation whose main aim is something other than to return a profit on their activities. Building on the suggestions which have been developed in this thesis of difficult marketing practices this area could be developed through studies in other charities or social enterprises in particular where multiple values exist. Such work would add to the areas of framing, within Market Studies and which have been identified in this study, building on the work of illuminating market

configuration by studying sectors in which a market object and markets are not clearly established but marketisation may be underway.

In other areas of health and social care, such as adoption and fostering as well as mental health, where services and provision is now mixed with charities, public and private sectors working together, and where rafts of policy have recently been introduced, this thesis encourages consideration of a constituted approach. In keeping with the intangibility of EOLC what is being suggested is to consider how these areas are constructed and who and what influences their configuration. Not only would studies in these sectors augment these findings but they would contribute to furthering an understanding in the stream of academic study recently highlighted by Geiger et al. (2014) which addresses the area of concern and controversy in Market Studies.

9.4 Closing reflections

As this study closes, I wanted to reflect that this enquiry began in a classroom, during a lively lecture on digital marketing, with students talking about the death of a hospice cat and eventually it ended with a thesis. The seed for this study was sown after a presentation to a group of students. At this presentation, Kirsten highlighted the difficulties which St Angela's were having with their website and in so doing told the story of the recent death of the hospice's cat. Kirsten explained to the cohort how popular this story had

become on social media explaining that news of the death of a hospice cat had reached Australia and received coverage in several newspapers. Although Kirsten had been invited in to the seminar to discuss the challenges of undertaking marketing practice in a hospice, what emerged from her session promoted reflection specifically as to why the death of St Angela's cat, rather than the human stories from the hospice, had circulated so extensively.

This seminar sparked my interest in the hospice sector and what constituted 'effective' marketing practice in EOLC. Thus, an important part of the early work within this thesis involved not just considering marketing, marketing practice and markets, but also examining societal attitudes to death and dying whilst thinking about the aims of marketing practice at a hospice. During fieldwork, as the realities and 'real' purpose of marketing activities at St Angela's began to emerge, I saw that my study was at times addressing the gap between marketing theory and practice. Here I saw and experienced for myself the disconnect in how marketing theory can be taught, but then how this translates into practice. Thus, as well as in time contributing to the body of published academic work in marketing journals, I hope to continue to draw from my experiences in the examination of 'difficult' marketing practice and the struggles of the marketing team as they undertook their day-to-day work using this actively to inform research led teaching in marketing.

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Appendix A: Overview of St Angela's hospice

Establishing the hospice that exists today began in the late 1970's with a public meeting chaired by the town's mayor which was followed by the launch of an appeal to raise a quarter of a million pounds to found the first hospice in the local area. The first building which St Angela's acquired in the mid 1980's was an old manor house in mature, established gardens which, following necessary renovations, became the inpatient unit (IPU) comprised of 14 beds (x⁵, 2001). St Angela's was established as a registered charity and its services were to be free of charge for anyone over sixteen with complex problems related to advanced, progressive, life limiting or incurable illness (St Angela's hospice, 2017). St Angela's mission was and continues to be the relief from severe physical pain and emotional symptoms, such as anger or distress. In addition, St Angela's undertakes to help patients and their families address any spiritual concerns (ibid).

Access to care at home as well as other hospice services is by referral, a process whereby, with the patient's permission, a referral form is completed, which recent figures show is most commonly completed by the local NHS hospital, a patient's GP or a community nurse (ibid). A request for referral can also be made by the patient themselves. After referral a hospice clinical nurse specialist carries out an assessment following which the hospice team together with patient and family agree a plan for EOLC and support. In urgent cases this

⁵ This reference gives a book written by a local author on the history of the hospice; however the author's name has been removed to preserve anonymity of the hospice.

process can be completed in several days but in most cases, it can take around two weeks (St Angela's hospice, 2017).

Care in the IPU is coordinated by palliative care nurses and several doctors who, as well as supporting the patient and families, organise and oversee the access to and visits from the rehabilitation team, complementary and well-being therapists, bereavement counsellors, support workers, social workers and a chaplaincy team (St Angela's hospice, 2017). In keeping with many other hospices in the UK the IPU continues to be decorated to look as much like a home as possible with medical equipment in rooms sitting discreetly alongside flowers, soft furnishings and the patient's personal possessions which they bring in during their stay. Whilst patients are staying in the IPU visits and overnight stays by families, friends as well as pets are encouraged (ibid).

A growing hospice

Over time the hospice has become more than just the IPU situated in parklands, developing in the mid 1990's through the building of a separate day services centre following a bequest from a member of the local community (x, 2001). Following this came the addition of an EOLC training facility to run a diverse programme encompassing courses for medical practitioners such as fitting of syringe drivers for intravenous pain relief in EOLC as well as counselling courses for health and social care professionals. During another period of growth that began around 2000 and included the extension as well as modernisation of the hospice buildings an acquisition of an additional building

was made in another part of the local area which became a further day services centre (x, 2001). Together with the original day services centre, currently across both locations over 6,000 face-to-face contacts per year are carried by the hospice, comprising of over 4,000 contacts of therapies and well-being, nearly 2,000 contacts to the bereavement counsellors as well as over 1,600 contacts to the chaplaincy team (St Angela's quality accounts, 2015/2016). The IPU now cares for over 350 patients annually who are admitted and accommodated for respite or longer stays in the now 15-bed unit comprised of bays of up to 4 beds as well as single en-suite rooms.

In a recent edition of the mission statement, St Angela's stated that their services are now designed to meet the needs of people with life limiting illness at any stage of their illness, twenty-four hours a day, seven days a week (St Angela's, strategic plan, 2014/15). The most recent addition to hospice services is hospice care at home in which the hospice community team coordinates care in people's homes, liaising between several different health and social care agencies, and currently receiving over 1,000 referrals for this form of care per year (ibid).

St Angela's publishes, and through its website facilitates access to, several reports ranging from financial information on the organisation to reports on the quality of care the hospice provides. For example, St Angela's is required to meet the same statutory requirements as any other provider of healthcare, such as a hospital or care home, and as such is regulated by The Care Quality

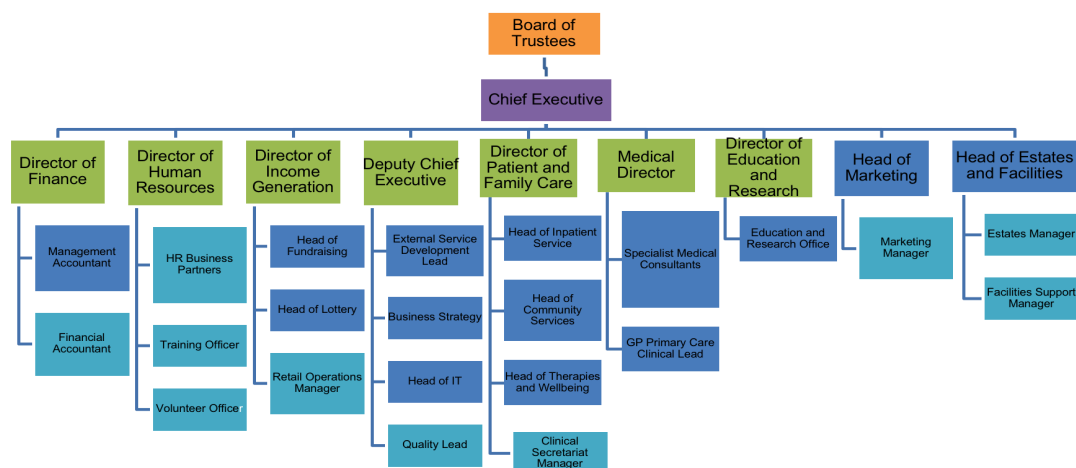
Commission. The commission is an independent regulator of health and social care in England, inspecting the hospice annually to ensure that it meets national standards in all aspects of care. A judgement is made in areas of care which are recognised as: treating people with dignity and respect, making sure food and drinks meet people's needs, the cleanliness and safety of the environment, the management as well as staffing services, and this report is published (St Angela's, 2017).

To comply with financial regulations of organisations which have charitable status the hospice also publishes an annual report and a set of accounts, and files an annual return for every financial year. In addition, as an organisation in receipt of funding, the hospice is required to produce quality accounts detailing the quality of services, reviewing the previous year and setting priorities for the next twelve months (ibid). NHS funding provided via Clinical Commissioning Groups is significant for the hospice, accounting for 35% of annual income (St Angela's, 2017). The remainder is comprised of in memory giving such as legacies and bequests from individuals, and corporate and community fundraising through events like the annual Midnight Walk. In addition, St Angela's has several retail shops supported through donations from the public and from participation in a hospice lottery which is organised by a group of hospices across the UK.

Organising a hospice

In addition to many palliative care doctors and the specialist nurses which the hospice employs, over 250 other roles exist at the hospice, performed by part-time and full-time employees (St Angela's, 2017). The roles cover a range of non-clinical responsibilities in areas from marketing and human resources to building maintenance and catering. Employees are divided into teams by job function and the structure of the hospice is now formed around directorates, for example, patients and family services, finance, income and communications, clinical etc. (Image 8).

Management Structure: April 2015



Source: St Angela's CEO

(Image 8, Screen shot from CEO PowerPoint presentation, Management Structure)

Several team's roles are now located at an office secured recently on a business park several miles away from the original parklands.

Together with the chief executive office, a director of each hospice directorate forms the senior management team of the hospice reporting into and being monitored by a board of approximately 15 trustees. As well as being on the board of trustees' individuals form in committees, which reflect the hospice directorates but there are also several additional roles for trustees in areas such as education as well as corporate governance (St Angela's, 2017). Trustees represent many local stakeholders in the hospice, for example the NHS hospital, GPs, several universities and the local council (ibid). The hospice is registered as a charity and as such it is normal practice that St Angela's trustees are unpaid. Current trustees of the hospice have experience either as hospice volunteers or as service users and several trustees work or have worked in businesses, such as solicitors or property development in the local area (ibid). Aside from the employees and trustees the hospice has a President and three Vice Presidents as well as a celebrity patron (ibid). In addition to the individuals already outlined, importantly the hospice uses the services of over 1,000 volunteers who work in a variety of areas of the organisation from laundry services at the IPU, to complementary therapists and marshals at fundraising events (ibid). As an employer the hospice is committed to the living wage, developing leadership and the talent management, education and training of volunteers as well as employees (ibid).

On average hospices in the UK receive a third of their income from the government, with the rest coming from community fundraising, hospice charity shops, hospice lotteries and investments (Hospice UK, 2017). Funding

through bidding for grants is a day-to-day part of the work of the hospice and receiving funding in this way subjects the hospice to the specification of standards together with devices for qualifying such as auditing, measurement and performance reviews used by commissioners to account for and justify the provision of contracts and the resources they are attached to.

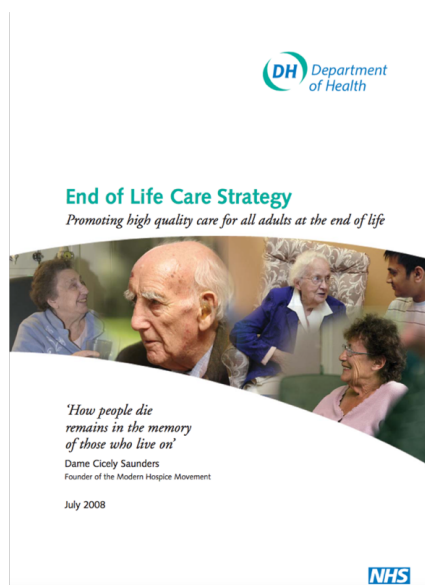
Planning the future

St Angela's most recent strategic plans, published in 2014, suggest another period of development is currently being planned as the hospice seeks to consider how to reach 'underrepresented, marginalized and hard to reach groups' (St Angela's Quality Account, 2015/16:12). Focusing on providing services which can be accessed by a wider range of people and continue to be free of charge, the strategic plan stated they were exploring partnerships and ways of working with other health and social care agencies, working with a greater number of GPs, developing deeper relationships with NHS hospitals as well as residential care homes. The report details that the hospice has also become involved in advanced care planning with specific focus on the role of the hospice in coordinating EOLC in the last few months of a patient's life. In addition, the hospice stated that they wish to promote an open attitude towards death and dying (St Angela's Quality Account, 2015/16; St Angela's strategic plan 2014/15).

Committed to further developing a hospice at home service, along with maintaining and developing other services, the hospice's strategic plan stated

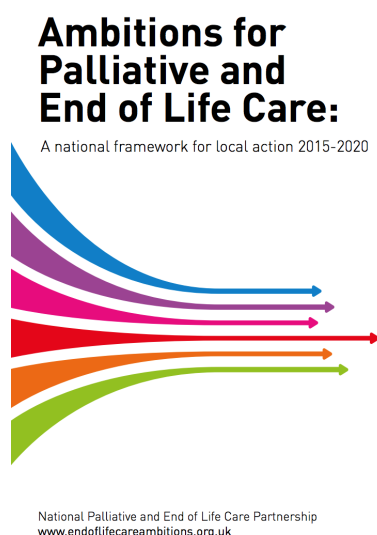
that this would require work with CCG's to access as well as develop substantial funding to face a growing demand for its services. St Angela's is also looking to local business for income opportunities and exploring opportunities to work with the district and county council in accessing funds for delivering social care, a new income stream away from NHS funding (St Angela's strategic plan 2014/15). St Angela's has stated that it wants to be 'fit for the future' (ibid, p. 8) which it sees as preparing for change in EOLC, establishing the contribution of care provided by the hospice and proposing hospice care as the solution to what will confront and be the issues in health and social care in the coming years, both locally and on a national level (ibid).

Appendix B. Overview of End of Life Care policy documents



Published by the Department of Health in July 2008 this 171-page report set out the first national vision in EOLC. It launched a 10-year strategy aimed to introduce more choice in EOLC. Key elements for making this change happen were outlined including an increase in funding for palliative care, local strategic plans and a new national collation, 'Dying Matters', to focus on raising public awareness, changing attitudes and behaviours in society towards dying, death and bereavement. The report identified that action would be needed by a very large number of people and organisations in areas such as commissioning, delivery of

care, education and research. Following the publication of the 4th annual report on the 2008 strategy at the 5-year review point in 2013, NHS England announced that rather than refreshing existing national strategy documents, it would instead publish new sets of ambitions and actions.



Published in 2015 by the National Palliative and EOLC partnership⁶, this 50-page report set out a collective vision to improve EOLC in England. Six ambitions were set out which the report suggested could be achieved through a framework of local action but required collaboration, leadership and a commitment of organisations to work together at national and local levels to achieve the changes needed. Foundations for the six ambitions outlined, among other elements, personalised EOLC

⁶ Association for Palliative Medicine; Association of Ambulance Chief Executives; Association of Directors of Adult Social Services; Association of Palliative Care Social Workers; Care Quality Commission; College of Health Care Chaplains; General Medical Council; Health Education England; Hospice UK; Macmillan Cancer Support; Marie Curie; Motor Neurone Disease Association; National Bereavement Alliance; National Care Forum; National Council for Palliative Care; National Palliative Care Nurse Consultants Group; National Voices; NHS England; NHS Improving Quality; Patients Association; Public Health England; Royal College of General Practitioners; Royal College of Nursing; Royal College of Physicians; Social Care Institute for Excellence; Sue Ryder and Together for Short Live

planning, shared records, evidence and information, education and training as well as 24/7 access to EOLC services.



Published in February 2015 by The Choice in End of Life Care Programme Board⁷ set up by NHS England and consisting of 19 individuals from a variety of charities and clinical backgrounds the 72-page report, 'What's important to me', was commissioned to provide advice to the government on improving the quality and experience of care for adults at the end of life, their carers and others who were important to them by expanding choice. The report provided advice on EOLC to the government including establishing a 'national choice offer' focused on individual's EOLC needs

by April 2020, providing an additional £130 million funding for end of life health and social care services, establishing 24/7 community EOLC by 2019 in all areas, implementing shared electronic EOLC records by April 2018 in all areas and identifying a named responsible senior clinician for all people approaching the end of life.

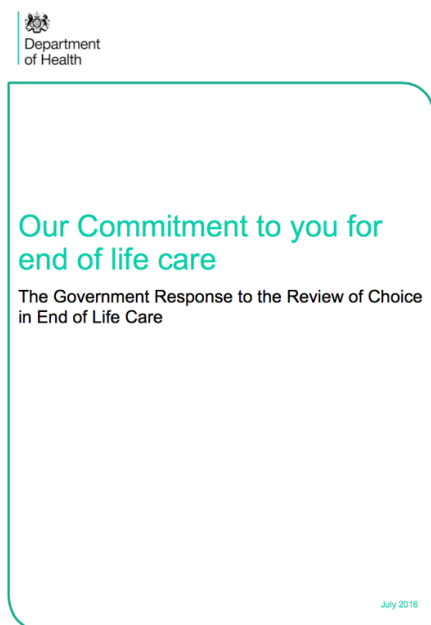


Published in May 2015 by the Parliamentary and Health Service Ombudsman, an independent organisation responsible for investigating complaints about the NHS, the introduction to this 28-page report stated that too many people were dying without dignity. The report suggested that more could be done to improve the experience of care in the last year and months of life for the approximately 355,000 people who die every year in England and whose death was not sudden but expected. Featuring 12 cases illustrating issues seen regularly in casework on

⁷ The End of Life Care Programme Board remains in place and Its objectives are:

- Embed the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020
- Deliver the government's response to the 'Choice Review' including the six point 'End of Life Care Commitment'
- Deliver the NHS England Mandate objective that by 2020 we should 'significantly improve patient choice, including in maternity, end-of-life care and for people with long-term conditions, including ensuring an increase in the number of people able to die in the place of their choice, including at home'.

EOLC, examples represented a diverse collection of powerful stories drawn from a range of different healthcare settings from all parts of the country representing different areas of concern. A follow up report published by the House of Commons in October 2015 set out plans for improvement in the NHS in EOLC in culture, behaviour and training, the provision of integrated, 24/7 palliative and EOLC services as well as in EOLC leadership and commissioning.



Published by the Department of Health in July 2016 this 60-page report was issued in response to the independent 'What's important to me'. This report detailed the six commitments the government made to the public to end variation in EOLC across the health system by 2020. These are: to support people approaching the end of their lives, to have honest discussions with care professionals about their needs and preferences, to make informed choices about their care, to develop and document a personalised care plan, to discuss their personalised care plans with care

professionals, to involve their family, carers and those important to them in all aspects of their care as much as they want and to know who to contact for help and advice at any time. The National Palliative and EOLC partnership consider that this government document endorses the framework and their proposal to improve choice set out in their report 'Ambitions for Palliative and End of Life Care'.

Appendix C. Participant information sheet



PhD research project: Exploring Marketing Practices in Third Sector

Organisations: A Study of a Hospice in The East of England

Participant information sheet

The aim of my research is to explore marketing practices in Third Sector Organisations, with this hospice as a case study. This research will form part of my doctoral thesis. It is planned to take place between May and July 2015. During this time I will conduct observations and interviews in Marketing and Communications. You have been approached to participate in this project because I feel that you can offer a valuable insight and contribution to this project. Your participation in this research would involve being interviewed about the work that you do. Interviews normally last about an hour and will be scheduled at your convenience in a location of your choice. It will be recorded by me and may be transcribed by an independent transcriber who has signed a confidentiality agreement. A copy of your interview transcript will be provided, free of charge, on request.

You are not obliged to take part in this research and should you agree to participate, you subsequently have the right to withdraw within three months after data collection has finished, without providing an explanation. Unfortunately, participants cannot be paid but I hope that your involvement will make a significant contribution to furthering the understanding of marketing within Third Sector Organisations. In accordance with the most recent Data Protection Act any information, which you supply, will be confidential and as a participant in this research you will be participating anonymously in this study. With your permission, your gender and job title will be mentioned.

In accordance with the most recent Data Protection Act every effort will be made to ensure that all the information that I collect from you will be protected from unauthorised processing and unauthorised access. Data collected from this project will be stored securely on a password protected account at the University of Essex. In accordance with the most recent Data Protection Act data will be kept for no longer than necessary for the purposes of my project and subsequent related publication.

This project is funded by Essex Business School at the University of Essex.

If you have questions at any time of the project, please do not hesitate to get in touch.

Fran Hyde

PhD Researcher:

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Appendix D. Participant consent form



**ESSEX
BUSINESS
SCHOOL**

Exploring Marketing Practices in Third Sector Organisations: A Study of a Hospice in The East of England

Participant consent and data processing statement

Please tick the appropriate boxes

Yes No

Taking Part

- | | | |
|--|--------------------------|--------------------------|
| I have read and understood the participant information sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been given the opportunity to ask questions about the project | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to take part in the project. Taking part in the project will include being interviewed, observed and recorded (audio) | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that my taking part is voluntary; I can withdraw from the study within three months after data collection has finished and I do not have to give any reasons for why I no longer want to take part. | <input type="checkbox"/> | <input type="checkbox"/> |

Use of the information I provide for this project only

- | | | |
|---|--------------------------|--------------------------|
| I understand my personal details such as phone number and address will not be revealed to people outside the project. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that my words may be quoted in publications, reports, web pages, and other research outputs. | <input type="checkbox"/> | <input type="checkbox"/> |
| I am happy that my gender and job title be used in the above | <input type="checkbox"/> | <input type="checkbox"/> |

Use of the information I provide beyond this project

- | | | |
|--|--------------------------|--------------------------|
| I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

I understand that other researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. ☐ ☐

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fran Hyde. ☐ ☐

Name of participant [printed] Signature Date

Researcher [printed] Signature Date

PhD Researcher:

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Appendix E. Participants details and interview dates

	Job Title, Department	Interview dates
Kirsten	Head of Marketing, St Angela's Hospice	20 th May 2015 30 th June 2015
Paula	Marketing Manager, St Angela's Hospice	26 th May 2015 25 th June 2015
Emily	Marketing Officer, St Angela's Hospice	15 th June 2015 2 nd July 2015
Ruth	Marketing Officer, St Angela's Hospice	4 th June 2015 7 th July 2015
Nikki	Marketing Assistant, St Angela's Hospice	16 th June 2015 14 th July 2015
Sarah	In house Graphic Designer, St Angela's Hospice	11 th June 2015
Jan	Head of Fundraising, St Angela's Hospice	4 th August 2015
Lucy	Fundraising Officer, St Angela's Hospice	5 th August 2015
Lorraine	Fundraising Officer, St Angela's Hospice	11 th August
Eleanor	Business Strategy Team Leader, St Angela's Hospice	20 th July 2015
Sue	Education and Research Officer, St Angela's Hospice	12 th August 2015
Alan	Chief Executive Officer (CEO), St Angela's Hospice	9 th June 2015
Catherine	General Practitioner (GP)	24 th July 2015

Appendix F. Interview schedule

Participant's Background (get name & job title)

- Their career to date: previous jobs, what brought them to their current position?
- How they came to work at the hospice, why they wanted to work at the hospice, how long?
- Any previous involvement with hospices?

The hospice

- What does this hospice do (service delivery, advocacy, campaigning, projects)?
- What are the aims of the hospice? How does it work to fulfil those aims? What are its goals? How does it work to fulfil those goals? Who decides those aims and goals? Have you seen these principles change over time?
- In your opinion: Is it similar to other hospices? Is it 'special' or 'different'? How? - Is it representative of hospices nationally?
- What is this hospice like to work for? What are its strengths? What 'skills' does it/the people within it have? What are the weaknesses (hospice & people)?
- How does the hospice fund its work? Have you noticed any changes to this funding over time?
- How is the future looking for the hospice? Is the political landscape important in this future? If so, why?

Marketing team

- What do you see as the role or purpose of the marketing team in the hospice? Has this changed over time? Is this different to other hospices?
- What is your role in the team, has this changed?
- Who do you have contact with outside the team and outside the hospice? Has this changed over time?

Participant's Feedback

Is there anything else you want to talk about at this stage? Anything you think I've missed under the headings of you, the hospice and the team? - How have you found this interview? Any tips/areas of improvement/suggestions for my future interviews?

Prompts

'That's interesting, can you tell me more about _____?'

'Can you give me an example of _____?'

Additional questions for CEO Interview

Sense of change at hospice, is it moving into new areas?

Have the aims or what of hospice changed and if so why?

Clarify funding, commissioning, bidding by hospice

Aspiration for the hospice? What are his greatest fears/concerns for the hospice?

Ask about new offices and relocation

Clarify "business-like"

Strengths of the hospice / weakness of the hospice

Future – challenges

Questions for GP

Can you outline your involvement and contact with the hospice?

Training: Did you have EOLC training in your GP training, do you receive any specific training in EOLC now?

Patients, EOLC, referral, advanced care planning

Thank interviewee

Appendix F. NVivo coding example

The screenshot shows the NVivo software interface. The top menu bar includes Home, Create, Data, Analyze, Query, Explore, Layout, and View. Below the menu is a toolbar with icons for Open, Get Info, Edit, Paste, Copy, Merge, Format, Paragraph, Styles, and Editing. The left sidebar is divided into SOURCES and NODES. The SOURCES panel shows a tree view of data sources: Internals (associated documents, emails, fieldnotes, fieldwork box contents, interviews, photos, screen shots), Externals, and Memos. The NODES panel shows a tree view of nodes: Nodes (1st interviews, 2nd level coding, add into methodology, fundraisings interviews, interview methodology, no human nodes, thematic coding framework) and Node Matrices. The main window displays a table of nodes with columns for Name, Sources, References, and Created On.

Name	Sources	References	Created On
un expected skills beyond marketing	13	30	15 Sep 2015 10
sensitivity about death	18	77	15 Sep 2015 14
key people	21	145	15 Sep 2015 08
metaphors or sayings	21	134	15 Sep 2015 10
what happened to ..	21	209	15 Sep 2015 08
non human	22	349	15 Sep 2015 08
performing marketing	22	291	15 Sep 2015 10
business like	23	104	15 Sep 2015 08
going beyond fundraising and events	23	198	15 Sep 2015 10
protected team	23	185	15 Sep 2015 10
extending stakeholders	24	157	15 Sep 2015 10

Appendix H. Research proposal for St Angela's

PhD Research proposal to St Angela's Hospice: Exploring Marketing Practices in Third Sector Organisations: A Study of a Hospice in The East of England

Kirsten ignited my interest in St Angela's Hospice over 2 years ago when she presented to my students. She had only just started in her role and I realised that under her guidance the marketing and communications function was going to become an essential part of the organisation. Following further consideration and reading of documents such as the "End of Life Care Strategy" published by the Department of Health in 2008 and updated in 2013 I became even more convinced of the vital role for the Marketing and Communications Department within the broader organisation of the hospice.

Research aim

The aim of my research is to explore marketing and communication practices in St Angela's Hospice. I am interested in the processes and practices that are included in the hospice's marketing and communications activity and the daily work of Kirsten's team. I want to explore how the application of marketing and communication tools and models are carried out in St Angela's Hospice.

Scope, methods and timetable

My research approach is ethnographic. This means that I would need permission to be situated in the Marketing and Communications Department to undertake participant observation. This would mean engaging in the work of the team and could mean undertaking any tasks which Kirsten considered appropriate. I would also be talking to the team when appropriate about the work they were undertaking. This would include both scheduled interviews and informal conversations. My preferred period of fieldwork would be May – July 2015 for two days a week, or as agreed with Kirsten and her team.

Confidentiality is understandably a very important aspect of any research but of paramount importance in this project. I have complied with the University of Essex ethical code of practice and the University have approved this project. In addition, I understand that it will be important for me to comply with any confidentiality or data protection requirements at St Angela's Hospice. I have also considered how to refer to both participants and the hospice itself within the writing up of my project. Kirsten and I have agreed to recording St Angela's Hospice as "a hospice in The East of England" and that participants will be given full anonymity with the option to allow that I include participant's gender and occupation in both my PhD and any further publication of my research.

I would be more than happy to undertake any preliminary meetings which Kirsten feels are appropriate prior to commencing research. I understand that I will need to be prepared to explain my research and to answer questions at any time within my fieldwork at the hospice. I understand that both Kirsten and her team will be extremely busy with their work and therefore I would like to conclude by providing assurance that my presence within the Marketing and Communications Department would not in any way interrupt their work. Indeed, I hope that in some way I can contribute positively to the work of Kirsten's team. If it was felt to be appropriate I would be more than happy to present a separate report of my findings to Kirsten and members of St Angela's Hospice at the end of my research period.

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Appendix I. University of Essex ethical approval for research form

Application for Ethical Approval of Research Involving Human Participants

This application form should be completed for any research involving human participants conducted in or by the University. 'Human participants' are defined as including living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and fetuses, human tissue and bodily fluids, and human data and records (such as, but not restricted to medical, genetic, financial, personnel, criminal or administrative records and test results including scholastic achievements). Research should not commence until written approval has been received (from Departmental Research Director, Faculty Ethics Committee (FEC) or the University's Ethics Committee). This should be borne in mind when setting a start date for the project.

Applications should be made on this form, and submitted electronically, to your Departmental Research Director. A signed copy of the form should also be submitted. Applications will be assessed by the Research Director in the first instance, and may then passed to the FEC, and then to the University's Ethics Committee. A copy of your research proposal and any necessary supporting documentation (e.g. consent form, recruiting materials, etc.) should also be attached to this form.

A full copy of the signed application will be retained by the department/school for 6 years following completion of the project. The signed application form cover sheet (two pages) will be sent to the Research Governance and Planning Manager in the REO as Secretary of the University's Ethics Committee.

1. Title of project: Exploring Marketing Practices in Third Sector Organisations: A Study of a Hospice in The East of England
2. The title of your project will be published in the minutes of the University Ethics Committee. If you object, then a reference number will be used in place of the title.
Do you object to the title of your project being published? Yes ☐ / No ☒
3. This Project is: ☐ Staff Research Project ☒ Student Project
4. Principal Investigator(s) (students should also include the name of their supervisor):

Name:	Department:
Fran Hyde (Principal Investigator)	EBS
Professor Philip Hancock (Supervisor)	EBS
Dr Marjana Johansson (Supervisor)	EBS

5. **Proposed start date:** May 2015
6. **Probable duration:** 3 months
7. Will this project be externally funded? Yes ☐ / No ☒
If Yes,
8. What is the source of the funding?
9. If external approval for this research has been given, then only this cover sheet needs to be submitted
External ethics approval obtained (attach evidence of approval) Yes ☐ / No ☒

Declaration of Principal Investigator:

The information contained in this application, including any accompanying information, is, to the best of my knowledge, complete and correct. I/we have read the University's *Guidelines for Ethical Approval of Research Involving Human Participants* and accept responsibility for the conduct of the procedures set out in this application in accordance with the guidelines, the University's *Statement on Safeguarding Good Scientific Practice* and any other conditions laid down by the University's Ethics Committee. I/we have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my/our obligations and the rights of the participants.

Signature(s):

.....
.....

Name(s) in block capitals: FRAN HYDE

Date: 28th January 2015

Supervisor's recommendation (Student Projects only):

I have read and approved both the research proposal and this application.

Supervisor's signature:

Outcome:

The Departmental Director of Research (DoR) has reviewed this project and considers the methodological/technical aspects of the proposal to be appropriate to the tasks proposed. The DoR considers that the investigator(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in this application, and to deal with any emergencies and contingencies that may arise.

This application falls under Annex B and is approved on behalf of the FEC

☐

This application is referred to the FEC because it does not fall under Annex B

☐

This application is referred to the FEC because it requires independent scrutiny

☐

Signature(s):

.....
....

Name(s) in block capitals:

.....

Department:

Date:

The application has been approved by the FEC

☐

Details of the Project

1. **Brief outline of project** (This should include the purpose or objectives of the research, brief justification, and a summary of methods. It should be approx. 150 words in everyday language that is free from jargon).

The overall research aim is to gain insight into the application of marketing tools and models in Third Sector Organisations (TSO). I am particularly interested in how marketing practices emanating from the for-profit sector are translated into a third sector context, and how different stakeholders are included in the marketing activities. Empirically, the thesis will focus on exploring marketing practices at a hospice in The East of England

My research approach is ethnographic. I plan to be situated in the Marketing & Communications department of the hospice to undertake participant observation, scheduled interviews and informal conversations, occasionally engaging in the work of the team and undertaking any tasks which The Head of Marketing and Communications considers appropriate. The methodological approach also includes the taking of photographs.

Participant Details

2. Will the research involve human participants? (indicate as appropriate)

Yes

☒

No

☐

3. Who are they and how will they be recruited? (If any recruiting materials are to be used, e.g. advertisement or letter of invitation, please provide copies).

Following an initial explanation to the Marketing and Communications team of the purpose of the research I aim to use a non-probability sampling strategy. I anticipate that members of the Marketing and Communications team will self-select by expressing their desire to take part. I expect that following initial data collection within Marketing and Communications other relevant individuals will be recruited through snowball sampling.

Will participants be paid or reimbursed?

No

4. Could participants be considered:

(a) to be vulnerable (e.g. children, mentally-ill)? Yes ☐ / No ☒

(b) to feel obliged to take part in the research? Yes ☐ / No ☒

If the answer to either of these is yes, please explain how the participants could be considered vulnerable and why vulnerable participants are necessary for the research.

Informed Consent

5. Will the participant's consent be obtained for involvement in the research orally or in writing? (If in writing, please attach an example of written consent for approval):

Yes ☒

No ☐

How will consent be obtained and recorded? If consent is not possible, explain why.

Consent will be obtained and recorded through completion of the interview consent and data processing statement (attached).

Please attach a participant information sheet where appropriate.

Confidentiality / Anonymity

6. If the research generates personal data, describe the arrangements for maintaining anonymity and confidentiality or the reasons for not doing so.

In accordance with the most recent Data Protection Act all participants will be informed that any information supplied will be confidential and participants will be offered anonymity. All participants will be informed that data collected will be protected from unauthorised processing and that every effort will be made to ensure it is protected from unauthorised access. Pseudonyms will be used when presenting the research orally or in writing, and biographical and organisational data (such as position) will not be used if anonymity is deemed to be compromised.

Data Access, Storage and Security

7. Describe the arrangements for storing and maintaining the security of any personal data collected as part of the project. Please provide details of those who will have access to the data.

Data will be stored on a secure password protected NVivo account at the University of Essex. This is located in a password-protected account under my name at the University of Essex to which only I have access.

It is a requirement of the Data Protection Act 1998 to ensure individuals are aware of how information about them will be managed. Please tick the box to confirm that participants will be informed of the data access, storage and security arrangements described above. If relevant, it is appropriate for this to be done via the participant information sheet ✓

Further guidance about the collection of personal data for research purposes and compliance with the Data Protection Act can be accessed at the following weblink. Please tick the box to confirm that you have read this guidance (http://www.essex.ac.uk/records_management/policies/data_protection_and_research.arch.aspx) ☒

Risk and Risk Management

8. Are there any potential risks (e.g. physical, psychological, social, legal or economic) to participants or subjects associated with the proposed research?

Yes ☐

No ☒

If Yes,

Please provide full details and explain what risk management procedures will be put in place to minimise the risks:

9. Are there any potential risks to researchers as a consequence of undertaking this proposal that are greater than those encountered in normal day-to-day life?

Yes ☐

No ☒

If Yes,

Please provide full details and explain what risk management procedures will be put in place to minimise the risks:

N/A

10. Will the research involve individuals below the age of 18 or individuals of 18 years and over with a limited capacity to give informed consent?

Yes ☐

No ☒

If Yes, a criminal records disclosure (CRB check) within the last three years is required.

Please provide details of the “clear disclosure”:

Date of disclosure:

Type of disclosure:

Organisation that requested disclosure:

11. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of the Faculty and/or University Ethics Committees

Direct contact will not be made with hospice patients or families, friends or carers of patients.

Direct contact will also not be made with families, friends and carers of the deceased.

Appendix J. Research approval from St Angela's

2nd April 2015

Dear Fran,

Thank you for submitting the ethical approval form and supporting documentation, and attending [name removed] Hospice Research Ethics Committee meeting. We are pleased to inform you that the committee has approved your ethnographic investigation on the following topic:

Exploring Marketing Practices in Third Sector Organisations: A Study of a Hospice in the East of England

With best wishes for your research,
[electronic signature removed]

Dr [name removed] (Chair)

On behalf of:

[named removed] (Education and Research Officer)

[name removed] (Head of Marketing)

Appendix K. Marketing request form (Edited to preserve anonymity)

Page 1

Marketing Request Form	
<p>This form should be used to request work with the Marketing and communications department, please fill out all fields on this form as fully as possible. This will help us determine the level of support and type of communication needed for your project as well as the priority your project requires.</p> <p>Once you have completed this form please press submit at the top left of your screen. You will receive confirmation from _____ once your job has been assigned to a member of our team.</p> <p>Thank you</p> <p>For any queries please email _____</p>	
<i>Name</i>	<input type="text"/>
<i>Department</i>	<input type="text"/>
<i>Email Address</i>	<input type="text"/>
<i>Contact Number</i>	<input type="text"/>
<i>Name of member of Leadership Team who authorises request:</i>	<input type="text"/>
Project Information	
<i>Project Title:</i>	<input type="text"/>
<i>Short description:</i>	<input type="text"/>

Page 2

Goal (Objective):	
Key Messages:	
Target Audience:	
Desired Completion Date	
Is this project:	<input type="checkbox"/> New
	<input type="checkbox"/> An update of a previous piece of work e.g Midnight Walk
	If updating a previous piece please give the project name: